MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02019

2041

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH
a. COUNTY Prince Georges MARYLAND
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly mdt
c. LENGTH OF STAY IN 1b
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Prince Georges Gen. Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)
a. STATE MD. b. COUNTY Prince Georges
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lanham Park, MD. X
d. STREET ADDRESS 9318 Worrell Ave.
e. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (Type or print) First Ella Middle E. Last Andrews
4. DATE OF DEATH Month Feb Day 26 Year 1956

5. SEX F
6. COLOR OR RACE W
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH 11-18-77
9. AGE (In years last birthday) 78 yrs.
IF UNDER 1 YEAR: Months, Days
IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY at home
11. BIRTHPLACE (State or foreign country) Lynchburg Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME George E. Fortune
14. MOTHER'S MAIDEN NAME Martha H. Flippen

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs. H. O. Davis Address 400 – 9th Street, S.E. Washington (3) D.C.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH yrs
DUE TO (b) Arteriosclerotic Heart Disease — yrs
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year 19
20d. INJURY OCCURRED While at work ☐ Not while at work ☐
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
20f. (City or town) (County) (State)

21. I certify that I attended the deceased from 1-19, 1956, to 2-26, 1956 that I last saw the deceased alive on 2-25, 1956, and that death occurred at 10:20 p.m., from the causes and on the date stated above.

ACTUAL SIGNATURE Arnold A. Lear M.D. ADDRESS (Street, city or town, state) 4314 Gallatin St. Hyattsville, Md. DATE SIGNED 2-29-56

PHYSICIAN'S NAME (Type) ARNOLD A. LEAR

22a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
22b. DATE THEREOF 2/29/56
22c. NAME OF CEMETERY OR CREMATORY Arlington National
22d. LOCATION (City, town, or county) Arlington (State) Virginia

23. FUNERAL DIRECTOR'S SIGNATURE Dalby's Funeral Home, Inc. ADDRESS 3200 R.I. Ave. Mt. Rainier Md.
24a. REC'D BY REGISTRAR DATE 2/28/56
24b. REGISTRAR'S SIGNATURE Amanda Downey

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death: Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completed and filed in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS A15 (4)
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Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
LENGTH OF STAY (in this place) 5 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5815 - 31st Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Pr. Geo.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) 5815 - 31 St. Ave.

3. NAME OF DECEASED: (Type or Print) (First) Frederick (Middle) William (Last) Artois Sr.

4. DATE OF DEATH (Month) Feb (Day) 13. (Year) 1956

5. SEX: M.

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: 24 May 1903

9. AGE last birthday: 52 yrs.

IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: D.C. Govt.

11. BIRTHPLACE (State or foreign country): Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Emil C. Artois

14. MOTHER'S MAIDEN NAME: Mary C. Prosser

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) W.W. II

16. SOCIAL SECURITY NO.: Unk.

17. INFORMANT & ADDRESS: Elizabeth D. Artois - Wife Same add.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) DUE TO: Asphyxia and exposure to heat

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO: Conflagration in the home -

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, office bldg., etc., street) OF INJURY Home

21c. (City or town) Hyattsville (County) Pr. Geo (State) Md

21d. TIME OF INJURY (Month) (Day) (Year) 2-12-56 (Hour) 4. M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Conflagration in the home

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John J. Maloney (Hyattsville Md) M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 2-13-56

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 2/15/56

NAME OF CEMETERY OR CREMATORY Arlington National

LOCATION (City, town, or county) Arlington (State) Va

DATE REC'D BY LOCAL REG. Feb. 14 1956

REGISTRAR'S SIGNATURE Mrs Jas. Lowe Deputy

24. FUNERAL DIRECTOR F. Rocchio Sons ADDRESS Hyattsville, Md

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02021

Item 9, Film G193 3-5-56 et

2042

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Pr. George MARYLAND
25 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Riverdale, Md
LENGTH OF STAY (in this place) 42 days
76 HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial 4404 Queensbury Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Pr. Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lewisdale, Md X
STREET ADDRESS (If rural give location) 6902 23rd Ave

3. NAME OF DECEASED: (Type or Print) (First) Hester (Middle) Belle (Last) Aull

4. DATE OF DEATH: (Month) 2 (Day) 16 (Year) 1956

5. SEX: F 6. COLOR OR RACE: Wh 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed 8. DATE OF BIRTH: 6-13-1884 9. AGE last birthday 71 YRS yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): — 10B. KIND OF BUSINESS OR INDUSTRY: — 11. BIRTHPLACE (State or foreign country): So. Carolina 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joel Kinard

14. MOTHER'S MAIDEN NAME: Martha Dominick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT & ADDRESS: Hosp. Record

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

332x

IMMEDIATE CAUSE (A) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 16yrs last 6yrs

ANTECEDENT CAUSE (B) DUE TO General arteriosclerosis 16yrs

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 6, 1956, to Feb 16, 1956 that I last saw the deceased alive on Feb 16, 1956, and that death occurred at 6:10 PM, from the causes and on the date stated above.

SIGNATURE L W Mallen M.D. ADDRESS Riverdale, Md DATE SIGNED 2-16-56

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Feb 20/1956 — NAME OF CEMETERY OR CREMATORY Fort Lincoln — LOCATION (City, town, or county) Colmar Manor Md (State)

DATE REC'D BY LOCAL REGISTRAR 2-18-1956 — REGISTRAR'S SIGNATURE Mrs. Jas. Devere Deputy.

24. FUNERAL DIRECTOR ADDRESS F Gaudet and Hyattsville Md

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02022

2029 CERTIFICATE OF DEATH

Reg. Dist. No. 205

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Hyattsville
LENGTH OF STAY (in this place) 7 Mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bell's Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Ohio COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cincinnati
STREET ADDRESS (If rural give location) 4381 Mayhew Ave.

3. NAME OF DECEASED: (Type or Print) (First) Donna (Middle) Ann (Last) Bachscheider

4. DATE OF DEATH: (Month) Feb. (Day) 17 (Year) 1956

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: June 29, 1955
9. AGE last birthday: 0 yrs. IF UNDER 1 YEAR: Months 7 Days — IF UNDER 24 HRS.: Hours — Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Ohio
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frank J Bachscheider
14. MOTHER'S MAIDEN NAME: Patrica A. Moultj

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Frank J. Bachschieder Same as #2

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE 7531	(A) Dehydration with cardio-respiratory collapse	Several
ANTECEDENT CAUSE (B)	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) Extensive atrophy of brain	Birth on
	DUE TO	
	(C) Cerebral palsy	Birth on

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/13, 1956, to 2/17, 1956, that I last saw the deceased alive on 2/17, 1956, and that death occurred at M, from the causes and on the date stated above.

SIGNATURE Thomas A. Christeson M. D.
ADDRESS College Park Md
DATE SIGNED 2/17/56

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Transportation
DATE THEREOF Feb 17, 1956
NAME OF CEMETERY OR CREMATORY Cincinnati
LOCATION (City, town, or county) (State) Ohio

DATE REC'D BY LOCAL REGISTRAR Feb 17 1956
REGISTRAR'S SIGNATURE James Covey
24. FUNERAL DIRECTOR F. Gasch's Sons
ADDRESS Hyattsville, Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02023

2043

CERTIFICATE OF DEATH

Reg. Dist. No. 243

Items 8,9 Film G193 3-5-56 ev

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) N. Brentwood
LENGTH OF STAY (in this place) 40 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4512 40th St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Prnce George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN N. Brentwood
STREET ADDRESS (If rural give location) 4512 40th St

3. NAME OF DECEASED: (Type or Print) (First) Blanche (Middle) Alice (Last) Baker

4. DATE OF DEATH: (Month) Feb (Day) 11 (Year) 1956

5. SEX: F

6. COLOR OR RACE: N

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Aug. 15, 1904

9. AGE last birthday: 51 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unemployed

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington, D.C

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Sandy P. Baker

14. MOTHER'S MAIDEN NAME: Addie C. Jasper.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Clarissa C. Johnson, Sister

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

410X IMMEDIATE CAUSE (A) Acute Respiratory Infection — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSE (B) DUE TO Chronic Mitral Insufficiency — 5 years

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO Congestive Heart Failure

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: —

19B. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. —

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Feb 9, 1956 to Feb 11, 1956 that I last saw the deceased alive on Feb 11, 1956, and that death occurred at 8:20 P M, from the causes and on the date stated above.

SIGNATURE Frederick W. Newman M.D. ADDRESS 1430 Cutterden St NW Wash DC. DATE SIGNED 2/21/56

(See over)

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal — DATE THEREOF 2/15/56 — NAME OF CEMETERY OR CREMATORY Lincoln Memorial — LOCATION (City, town, or county) Suitland, Md (State)

DATE REC'D BY LOCAL REGISTRAR 2/12/56 — REGISTRAR'S SIGNATURE Mrs. Jas. Beverly Hunt

24. FUNERAL DIRECTOR Henry S. Washington & Son — ADDRESS 467 N. of 20

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Note

This patient was the regular attendant of Dr. Smallwood Atkins, 631 Mass. St NW, Washington D.C, with whom I am associated. He had attended for over the past 5 years, saw her last on February 9, 1956. I saw her only one time, this evening at about 8:00 PM for the first time, and she expired in my presence. I am therefore signing this certificate on the advice of Dr. John T. Mahoney, Deputy Coroner after telephone conversation.

Frederick D Drew M.D.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02024

2044 CERTIFICATE OF DEATH Reg. Dist. No. 17

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place) 7 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo Gen Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY PG
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
STREET ADDRESS (If rural give location) 801 Fairlawn Ave (see birth c.)

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Karen Girl E. (Last) Beall

4. DATE OF DEATH: (Month) Feb (Day) 10 (Year) 1956

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 9 Feb 1956
9. AGE last birthday yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 7 Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10B. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Harrow Beall
14. MOTHER'S MAIDEN NAME: Flora Castle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Abnormal pulmonary ventilation — INTERVAL BETWEEN ONSET AND DEATH: Birth
ANTECEDENT CAUSE (B) DUE TO: Pulmonary hyaline membranes
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO: Prematurity (2 lbs 7oz)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/9, 1956, to 2/10, 1956, that I last saw the deceased alive on 2/10, 1956, and that death occurred at 2 AM, from the causes and on the date stated above.

SIGNATURE: Thomas A. Christensen, M.D. ADDRESS: College Park DATE SIGNED: 2/10/56

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: Feb 11-1956
NAME OF CEMETERY OR CREMATORY: Lucy Hill Cmtry
LOCATION (City, town or county) (State): Laurel P.G. Co, Md
DATE REC'D BY LOCAL REGISTRAR: FEB 11-56
REGISTRAR'S SIGNATURE:
24. FUNERAL DIRECTOR ADDRESS: Robert Donaldson Laurel Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02025

2094 CERTIFICATE OF DEATH

Reg. Dist. No. 243

PLEASE WHITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town: Glenn Dale (rural)
LENGTH OF STAY (in this place): 11 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glenn Dale Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: D. C. — COUNTY: —
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural give location): 302 E. Cap. St.

3. NAME OF DECEASED: (Type or Print) (First) Leslie (Middle) D (Last) Belt

4. DATE OF DEATH: (Month) Feb (Day) 8th (Year) 1956

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 24, 1897

9. AGE last birthday: 58 yrs. — IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Stockman

10b. KIND OF BUSINESS OR INDUSTRY: L. H. Slumpner

11. BIRTHPLACE (State or foreign country): Washington, D. C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas J. Belt

14. MOTHER'S MAIDEN NAME: Sarah E. Thompson

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: 578-03-7347

17. INFORMANT & ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) DUE TO: Undiagnosed disease of central nervous system characterized by coma and increased spinal fluid protein — 8 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO:

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Tuberculosis — 21 months

19a. DATE OF OPERATION: — **19b. MAJOR FINDINGS OF OPERATION** — **20. AUTOPSY?** Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/9/55, 19..... to 2/8....., 1956, that I last saw the deceased alive on 2/8....., 1956, and that death occurred at 5:30 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title): Daniel Lee Finucane M.D. — ADDRESS: Glenn Dale Hospital Glenn Dale, Md. — DATE SIGNED: 2/8/56

23. BURIAL, CREMATION, REMOVAL (Specify): Removal — DATE THEREOF: 2/9/56 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State): to Washington, D.C.

DATE REC'D BY LOCAL REGISTRAR: 2/8/56 — REGISTRAR'S SIGNATURE: [signature] — **24. FUNERAL DIRECTOR:** W.W. CHAMBERS — ADDRESS: 517 11th St. S.E.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02026

2095

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH:
County. Prince Georges
City or town. Cedar Heights
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 8 yrs.
Hospital, institution, or street address where death occurred: 904 – 64" Ave.
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED.
(For newborn infants give residence of mother)
State Md. County Prince Geo.
City or town. Cedar Heights
(If outside city or town limits, write RURAL and give nearest town)
Street No. 904 – 64" Ave.
(If rural, give LOCATION)
2.(a) If veteran, name war None

3.(a) FULL NAME Mary Benson

3.(b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Negro	Widowed

6.(b) Name of husband or wife

6.(c) If alive, give age. . . . years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 59 | Months | Days | If less than one day: hrs. min.

9. Birthplace Georgia (Town, county, and state)

10. Usual occupation None

11. Industry or business None

MOTHER FATHER

12. Name Unknown

13. Birthplace Unknown

14. Maiden name Susie Simms

15. Birthplace Georgia

16. Informant John E. Lewis

Address 404 Franklin St. N.W.

17. Removal (Burial, cremation, or removal. Which?) Date thereof Feb 9-56 (month) (day) (year)

Cemetery or crematory

Locat on Washington D.C.

18. Funeral director Henry L. Washington & Sons

Address 467 N st. N.W. Washington D.C.

19. Feb. 10 1956 (Date rec'd by registrar) Carrie Campbell Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feby. 9 1956 at 10 40 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1951 to 2-9- 1956 and that I last saw h[illegible] alive on 2-9- 1956

Immediate cause of death	DURATION
Cancer of Trachea	
Due to.	
Due to.	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations. Date of op.

Autopsy results.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Edwin Robinson, MD M. D. or other

Address 1001 Eastern Ave. N.E. Date signed 2/9/56

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2045

CERTIFICATE OF DEATH

02027

Reg. Dist. No. 23

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—11-58

1. PLACE OF DEATH:
COUNTY Prince Georges' MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pr. Georges' General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Pr. Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville
STREET ADDRESS (If rural give location) 2421 Chapman Road

3. NAME OF DECEASED: (Type or Print) (First) Alfons (Middle) (Last) Bolick

4. DATE OF DEATH: (Month) 2 (Day) 16 (Year) 1956

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 4-11-1895.

9. AGE last birthday: 60 yrs
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Brick Layer

10B. KIND OF BUSINESS OR INDUSTRY: Construction

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Christian Bolick

14. MOTHER'S MAIDEN NAME: Gretchen Griesecke

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of servi

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Statistic Card

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Coronary Arteriosclerosis — ?

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-12, 19 56, to 2-16, 19 56, that I last saw the deceased alive on 2-15, 19 56, and that death occurred at 12:45 M, from the causes and on the date stated above.

SIGNATURE Harold Fleischer M.D. ADDRESS 5932 Queensbury Rd Hyattsville Md DATE SIGNED 2/16/56

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Feb 18, 1956 — NAME OF CEMETERY OR CREMATORY Fort Lincoln — LOCATION (City, town, or county) (State) Colmar Manor Md

DATE REC'D BY LOCAL REGISTRAR 2/18/56 — REGISTRAR'S SIGNATURE Amanda L. Downey

24. FUNERAL DIRECTOR — ADDRESS F. Gasch Sons Hyattsville Md

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02028

2096

CERTIFICATE OF DEATH

Reg. Dist. No. 2

1. PLACE OF DEATH

COUNTY Prince George's — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silesia

LENGTH OF STAY (in this place) 20 Years

HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY Pr. George's

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silesia

STREET ADDRESS (If rural give location) 8350- Livingston Road S. E.

3. NAME OF DECEASED (Type or Print) (First) MAUDE (Middle) E. (Last) BOWER

4. DATE OF DEATH (Month) Feb. (Day) 23- (Year) 19 56

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	Feb. 6th. 1893	63 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Domestic	Tilbury, Canada	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
		Miles D. Bower- 8350 Livingston RD.S.E.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) ACUTE CONGESTIVE FAILURE — INTERVAL BETWEEN ONSET AND DEATH: 8 days

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B) Coronary occlusion — 12 days

DUE TO (C) Hypertensive arteriosclerosis — 15 years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from Dec. 8, 19 55, to Feb. 23 19 56, that I last saw the deceased alive on Feb. 23, 1956, and that death occurred at 3:35 P.M. from the causes and on the date stated above. Feb 23,56

SIGNATURE A. Avery M.D. Lowry M.D. — M.D. — ADDRESS (Street, city, town, state) 7200 Marlboro Pike, S.E. Washington 23, D. C. — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb. 25-1956	Cedar Hill Cemetery	Suitland, Maryland.

24. REC'D BY REGISTRAR DATE: 2-24-56	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
	Erlwa F. Stine	Simmons Bros 1661 Good Hope RD. S.E. Washington, D.C.

2046

02029

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 131

1. PLACE OF DEATH:
COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cheverly
LENGTH OF STAY (in this place): 28 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Prince Georges Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maine — COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN: Farmington
STREET ADDRESS (If rural, give location): 64-Middle Street

3. NAME OF DECEASED: (Type or Print) (First) Stella (Middle) Dustin (Last) Bradbury

4. DATE OF DEATH (Month) 2 (Day) 4 (Year) 1956

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White	Wid	10-18-81	74 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None		Mass.	USA

13. FATHER'S NAME: Alonzo N. Smith

14. MOTHER'S MAIDEN NAME: Emma Dustin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
		Lawrence L. Smith - Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a) DUE TO	Bronchopneumonia	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	Fractured femur	
	(c)		

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: Cardiovascular renal disease

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☒ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, office bldg., street, etc.) OF INJURY: Street	21c. (City or town) (County) (State): Mitchellville-Pr. Geo- Md.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 1-7-56 7:15 P.M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR? Passenger in an automobile in collision with another automobile

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE: John D. Maloney (Hyattsville, Md) M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒
DATE SIGNED: 2-4-56

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR ~~CREMATORY~~	LOCATION (City or town, or county) (State)
Burial-transportation	2/5/56	Edson Cemetery	Lowell, Massachusetts

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/6/56		F. Baecher Sons	Hyattsville, Md.

VS. A15A - 5 - 53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02040

2097 CERTIFICATE OF DEATH

Reg. Dist. No. 240

1. PLACE OF DEATH

COUNTY Prince Geo — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Westwood

LENGTH OF STAY (in this place) 2 mo

HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Md COUNTY Prince Geo

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Westwood

STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) James (Middle) W. (Last) Butler

4. DATE OF DEATH (Month) Feb (Day) 16 (Year) 1956

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS Hours	Min.
M	C	Single	Nov 20 1955	yrs.	2			

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
none	none	Maryland	US

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James Butler	Rosie Mabb

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No		no	Rosie Mabb Butler

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Acute Pneumonia (Hohler) — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B) Acute Bronchitis — 2 day

DUE TO (C) Upper Respiratory Cold — 3 day

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. none

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 15, 19 56, to Feb 16, 19 56, that I last saw the deceased alive on Feb 15, 19 56, and that death occurred at 9:00 A.M. from the causes and on the date stated above.

SIGNATURE Vahek M Seron M.D. ADDRESS (Street, city, town, state) Aquasco Md DATE SIGNED Feb. 16, 1956

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
	F. H. Billingsley		

2047

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

020-1 Reg. Dist. 2 1

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
LENGTH OF STAY (in this place) D.O.A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Prince Georges
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Cedar Heights
STREET ADDRESS (If rural, give location) 919-62nd Place

3. NAME OF DECEASED: (Type or Print) (First) Mervin (Middle) Melvin (Last) Campbell

4. DATE OF DEATH: (Month) 2 (Day) 15 (Year) 1956

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	Colored	Widow	June 1, 1879	77 yrs		

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Nurse		Virginia	U.S.A.

13. FATHER'S NAME: Grandison [illegible]

14. MOTHER'S MAIDEN NAME: Virginia [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
		Paul Scott - Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Exhaustion	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Toxemia	
	(c) DUE TO Senile cerebral sclerosis	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: Cardiovascular renal disease

19a. DATE OF OPERATION	19b. MAJOR FINDING OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg, etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John J. Mahoney (Hyattsville, Md) M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 2-16-56

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2-20-56	Woodlawn Cemetery	Washington D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/16/56	Elmer La Everidge	Milburn Peters Inc.	424 R. St. Washington, D.C.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02052

• 2048 CERTIFICATE OF DEATH Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place) 14 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Co Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY ~~Prince Georges~~ Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park 15
STREET ADDRESS (If rural give location) 7106 Poplar Avenue

3. NAME OF DECEASED: (First) Bernadine (Middle) — (Last) Champagne
4. DATE OF DEATH: (Month) 2 (Day) 16 (Year) 1956
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Single
8. DATE OF BIRTH: 2-2-36
9. AGE last birthday yrs
IF UNDER 1 YEAR: Months Days 14
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Rolland Champagne
14. MOTHER'S MAIDEN NAME: Bernadina Ryan
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mothers' Statistic Card

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Hemolytic disease of Newborn

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Maternal Placenta previa and Hydramnios DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg, etc
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/3, 1956, to 2/16, 1956, that I last saw the deceased alive on 2/16, 1956, and that death occurred at 8 32 A.M., from the causes and on the date stated above.

SIGNATURE Thomas A. Christensen M. D. ADDRESS College Park DATE SIGNED 2/16/56

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation
DATE THEREOF Feb 56
NAME OF CEMETERY OR CREMATORY Prince Georges Gen Mem Park
LOCATION (City, town, or county) Cheverly (State) Md

DATE REC'D BY LOCAL REGISTRAR 2/23/56
REGISTRAR'S SIGNATURE Amanda Lee [illegible]
24. FUNERAL DIRECTOR Henry D Pierce & Son ADDRESS [illegible]

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

774 [illegible]

02053

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2098

CERTIFICATE OF DEATH

Reg. Dist. No. 239

1. PLACE OF DEATH:
COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oak Crest
LENGTH OF STAY (in this place) 20 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oak Crest
STREET ADDRESS (If rural, give location) Locust St Md

3. NAME OF DECEASED: (First) JANNIE (Middle) (Last) CLARK

4. DATE OF DEATH: (Month) Feb (Day) 13 (Year) 1956

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Feb 2 1900

9. AGE last birthday: 55 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Anne Arundel Co Md U.S.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: THOMAS BROOKS

14. MOTHER'S MAIDEN NAME: EMMa POWELL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No

16. SOCIAL SECURITY NO.: (If Yes, give war or dates of service) None

17. INFORMANT & ADDRESS: ROBERT CLARK, LOCUST ST, OAK CREST Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

331X

Immediate cause (a) CEREBRO-VASCULAR ACCIDENT — INTERVAL BETWEEN ONSET AND DEATH: 30 min.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) GENERALIZED ARTERIOSCLEROSIS —

DUE TO

(c) HYPERTENSION, MODERATE —

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. No.

19a. DATE OF OPERATION: No

19b. MAJOR FINDINGS OF OPERATION: No

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) No

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) No (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. No

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? No

22. I hereby certify that I attended the deceased from 2/13, 1956, to 2/13, 1956, that I last saw the deceased alive on 2/13, 1956, and that death occurred at 1:20 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) R L Epstein md. ADDRESS Laurel, md. DATE SIGNED 2/13/56.

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF Feb 16 1956

NAME OF CEMETERY OR CREMATORY BEACONS CHAPEL

LOCATION (City, town, or county) (State) Anne Arundel Co Md

DATE REC'D BY LOCAL REG. Feb 16 - 56

REGISTRAR'S SIGNATURE M. Brashears

24. FUNERAL DIRECTOR Ridgley Selby

ADDRESS 401 Washington Laurel Md

VS. A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02034

2049 CERTIFICATE OF DEATH

Reg. Dist. No. 231

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY PRINCE GEORGE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CHEVERLY
LENGTH OF STAY (in this place) 17 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS SACORDA REST HOME

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WASHINGTON
STREET ADDRESS (If rural give location) 715 LAWRENCE ST. NE

3. NAME OF DECEASED: (First) JOSEPHINE (Middle) MAY (Last) CHAYTON
4. DATE OF DEATH: (Month) Feb (Day) 2 (Year) 1956

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed
8. DATE OF BIRTH: MAY 20 1868
9. AGE last birthday 87 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: HOME
11. BIRTHPLACE (State or foreign country): IOWA
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: GEO. MINER WATERS
14. MOTHER'S MAIDEN NAME: MARY ECKLES

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT & ADDRESS: Ruth Corey - 715 Lawrence St NE

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
IMMEDIATE CAUSE 442X	(A) Uremia	Jan 10 - Feb 2
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Cardio Vascular Renal	10 yrs
	DUE TO (C) Arterio Sclerosis	10 yrs
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Shortness left Ulnar Nerve	

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 10, 1956, to Feb 2, 1956, that I last saw the deceased alive on Feb 2, 1956, and that death occurred at 11 15 AM, from the causes and on the date stated above.
Robert K. Fethel M.D. ADDRESS 1727 Monroe St NE DATE SIGNED 2/7/56

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL
DATE THEREOF Feb 2-1956
NAME OF CEMETERY OR CREMATORY FORT LINCOLN
LOCATION (City, town, or county) PRINCE GEO CO. (State) Md.

DATE REC'D BY LOCAL REGISTRAR 2/2/56
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR THOS. H. HINES & SON
ADDRESS 1901-14th St N.W. D.C.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02035

2050 CERTIFICATE OF DEATH

Reg. Dist. No. 245

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH: COUNTY Pr. Geo. County MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Riverdale
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 76 Leland Memorial Hosp 4408 Queensbury Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Howard
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Jessups Md
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Clara (Middle) Earp (Last) Cole

4. DATE OF DEATH: (Month) 2 (Day) 8 (Year) 1956

5. SEX: Fe

6. COLOR OR RACE: Wh

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widow

8. DATE OF BIRTH: June 2-1869

9. AGE last birthday 86 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Israel Earp

14. MOTHER'S MAIDEN NAME: Amanda Barnett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 490X (A) Lobar pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 5, 1956 to Feb 8, 1956, that I last saw the deceased alive on Feb 8, 1956, and that death occurred at 3:30 PM, from the causes and on the date stated above.

SIGNATURE Lew Maher M. D. ADDRESS Riverdale, Md DATE SIGNED 2-8-56.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 2/11/56 — NAME OF CEMETERY OR CREMATORY Christ Church Cem. — LOCATION (City, town, or county) (State) Guilford, Maryland

DATE REC'D BY LOCAL REGISTRAR 2-10-56 — REGISTRAR'S SIGNATURE Mrs. Jas. Devereux

24. FUNERAL DIRECTOR Geo. W. Kirk & Son — ADDRESS Laurel, Md

2099

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 — 02036 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 242

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Temple Hills
LENGTH OF STAY (in this place) Transient*
HOSPITAL OR INSTITUTION OR STREET ADDRESS Parking Lot American Legion Hall

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Suitland
STREET ADDRESS (If rural, give location) 4629 Lewis Ave

3. NAME OF DECEASED: (First) Lamar (Middle) Merion (Last) Covington
4. DATE OF DEATH (Month) Feb (Day) 12. (Year) 1956

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Colored	Divorced	Feb 1, 1926	30 yrs				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Laborer	General	South Dakota	U.S.A.

13. FATHER'S NAME: Merion Charles Covington
14. MOTHER'S MAIDEN NAME: Pearl Grant

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
Yes WWII		Mrs Edna L Charlin, same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) acute congestive heart failure — Interval between onset and death: . . .
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) asphyxia — . . .
DUE TO
(c) — . . .

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. . . .

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc. INJURY	21c. (City or town) Home at time of death Temple Hills	(County) P.G.	(State) Md.

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 2-12-56 M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR? [illegible] on by the rupture of [illegible] body. (Coronary thrombosis)

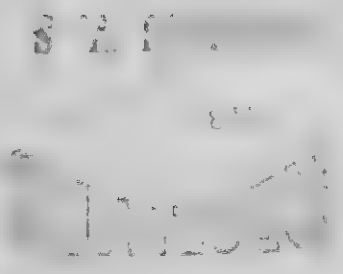
22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE James D. Boyd M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒
DATE SIGNED 2-12-56

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Feb 15, 1956	Arlington National	Arlington	Va

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Feb 13, 1956	Carrie Campbell	F. Gaeche Sons	Hyattsville, Md

VS. A15A - 5 - 53



2051

02037 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly; LENGTH OF STAY (in this place) Unk -; HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Prince Georges; CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Berwyn; STREET ADDRESS (If rural, give location) 5006 - Roanoke Place

3. NAME OF DECEASED: (Type or Print) (First) Joseph (Middle) Edward (Last) Crawford

4. DATE OF DEATH (Month) 2 (Day) 8 (Year) 1956

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 3-1-34

9. AGE last birthday: 21 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Elevator Operator

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert E. Crawford

14. MOTHER'S MAIDEN NAME: Alice Callahan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No

(If Yes, give war or dates of service) None

16. SOCIAL SECURITY NO.: 214-34-6639

17. INFORMANT & ADDRESS: Grace Moran.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) DUE TO Pulmonary edema

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO Hemorrhage + shock

(c) Massive laceration of liver.

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 2

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY Street

21c. (City or town) E. Riverdale (County) Prince Geo. (State) Md.

21d. TIME OF INJURY (Month) 2 (Day) 5 (Year) 56 (Hour) 4.30 P.M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Passenger in auto which turned over

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John D. Maloney (Hyattsville, Md) M. D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 2-8-56

23. BURIAL, CREMATION, REMOVAL, (Specify) Burial

DATE OF 2/13/56

NAME OF CEMETERY OR CREMATORY Mt. Olivet

LOCATION (City, town, or county) Washington D.C.

DATE REC'D BY LOCAL REG. 2/10/56

REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR W. W. Thompson Co.

ADDRESS Riverdale Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02038

2052 CERTIFICATE OF DEATH

Reg. Dist. No. 231

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly, MD.; LENGTH OF STAY (in this place) 30 min; HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. COUNTY Pr. Georges; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Radiant Valley md; STREET ADDRESS (If rural give location) 3604 Granbury St.

3. NAME OF DECEASED: (Type or Print) (First) Owen (Middle) F (Last) Croggan

4. DATE OF DEATH: (Month) Feb (Day) 21 (Year) 1956

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): M

8. DATE OF BIRTH: 2-13-94

9. AGE last birthday 62 yrs; IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Wash. D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Henry Croggan

14. MOTHER'S MAIDEN NAME: Katie Case

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Estelle Croggan, Jan...

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

ANTECEDENT CAUSE (B) DUE TO Hypertensive C-V-D — 4 years

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: ~

19B. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1952 to Feb., 1956, that I last saw the deceased alive on 17 Feb., 1956, and that death occurred at 12 55 A.M., from the causes and on the date stated above.

SIGNATURE Thomas M. Haletunis M.D. ADDRESS 7315 Landover Rd DATE SIGNED 21 Feb. 1956

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial; DATE THEREOF 2-24-56; NAME OF CEMETERY OR CREMATORY Glenwood; LOCATION (City, town, or county) (State) Washington D.C.

DATE REC'D BY LOCAL REGISTRAR 2/21/56; REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR J.W. Lee Son ADDRESS 800 4½ St N.E. Wash D.C.

2100

02039
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 142

1. PLACE OF DEATH:
COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Suitland
LENGTH OF STAY (in this place) Transient
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5440 Silver Hill Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Upper Marlboro
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Anthony (Last) Curtis
4. DATE OF DEATH (Month) February (Day) 25 (Year) 1956

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE Last Birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	Colored	Married	Jan 16 1910	46 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer Helper Bricklayer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edward Curtis
14. MOTHER'S MAIDEN NAME: Bertha [illegible] Holley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Chesty Curtis, same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Congestive heart failure, cerebral edema	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Asthma	
	DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☑ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21c. (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☑, Inquiry ☑, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE James J. Zoph M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☑
DATE SIGNED 2-25-56

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2/29/56	Mt. Carmel Cemetery	Upper Marlboro, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Mar. 5, 56	Carrie Campbell	Ritchie Bros.	Upper Marlboro, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2053

02040

CERTIFICATE OF DEATH

Reg. Dist. No. 239

1. PLACE OF DEATH
a. COUNTY: Prince George — MARYLAND
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Laurel
c. LENGTH OF STAY IN 1b:
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION: 320 Montgomery St

2. USUAL RESIDENCE (Where deceased lived If institution, Residence before admission)
a. STATE: Md — b. COUNTY: Prince George
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Laurel
d. STREET ADDRESS: 382 Main St
e. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (Type or print): First: Angus — Middle: W. — Last: Dane

4. DATE OF DEATH: Month: February — Day: 21 — Year: 1956

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: June 15, 1879

9. AGE (In years last birthday): 76 yrs
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS: Hours / Min

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): carpenter

10b. KIND OF BUSINESS OR INDUSTRY: general contractor

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Cyrus Dane

14. MOTHER'S MAIDEN NAME: Gilbett

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO: 219-05-5166

17. INFORMANT: Address: Alta Dane, Washington, D.C.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 4 min

DUE TO

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

(b) Arteriosclerosis

DUE TO

(c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month Day Year 19

20d. INJURY OCCURRED While at work ☐ Not while at work ☐

20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

20f. (City or town) (County) (State)

21. I certify that I attended the deceased from May, 1954 to Feb 21, 1956 that I last saw the deceased alive on Feb 21, 1956, and that death occurred at 8:40 AM, from the causes and on the date stated above.

ACTUAL SIGNATURE: Frank L Weaver Jr M.D. — ADDRESS (Street, city or town, state): 320 Montgomery, Laurel — DATE SIGNED: 2-21-56

PHYSICIAN'S NAME (Type): Frank L. Weaver, Jr

22a. BURIAL, CREMATION, REMOVAL (Specify): Burial — 22b. DATE THEREOF: Feb 23, 1956 — 22c. NAME OF CEMETERY OR CREMATORY: Ivy Hill Cemetery — 22d. LOCATION (City, town, or county) (State): Laurel Maryland

23. FUNERAL DIRECTOR'S SIGNATURE: [illegible] — ADDRESS: Laurel Md

24a. RECD BY REGISTRAR DATE: Feb 25 56 — 24b. REGISTRAR'S SIGNATURE: M. Brashears

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After the certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS A1S (4)
1SM 9/55

MARYLAND STATE DEPARTMENT OF HEALTH

02042

2411 N. Charles Street, Baltimore

2101

CERTIFICATE OF DEATH

Reg. Dist. No. 2H5

1. PLACE OF DEATH: COUNTY Prince Georges; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Hyattsville; LENGTH OF STAY (In this place) 4 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS Twin Branch Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville Woodacres Hills, Md.
STREET ADDRESS (If rural, give location) 4109 Fairfax St.

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) PORTER (Last) EDWARDS

4. DATE OF DEATH: (Month) Feb. (Day) 2 (Year) 1956

5. SEX: M

6. COLOR OR RACE: W.

7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED,~~ (Specify)

8. DATE OF BIRTH: Feb. 10, 1883

9. AGE last birthday: 72 yrs.
If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Accountant

10b. KIND OF BUSINESS OR INDUSTRY: Hotel

11. BIRTHPLACE (State or foreign country): Texas

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James L. Edwards

14. MOTHER'S MAIDEN NAME: Helen E. Porter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Perry H. Edwards

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Terminal Pneumonia	1 day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral Vascular accident	4 days
	(c) Cerebral Vascular accident	4 months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 1, 1955, to Feb. 2, 1956, that I last saw the deceased alive on Feb. 2, 1956, and that death occurred at 8:22 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) M D ADDRESS DATE SIGNED Feb 2" 1956

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: Feb 6, 1956
NAME OF CEMETERY OR CREMATORY: Cedar Hill Cemetery
LOCATION (City, town, or county) (State): Suitland Md.

DATE REC'D BY LOCAL REG.: Feb. 2, 1956
REGISTRAR'S SIGNATURE: Mrs. Jas. Severe Wyatt

24. FUNERAL DIRECTOR: The S. H. Hines Co. ADDRESS: 2901-14th St., Washington, D. C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02043

2054 **CERTIFICATE OF DEATH**

Reg. Dist. No. 57 /

1. PLACE OF DEATH
a. COUNTY: Prince George's — MARYLAND
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Cheverly
c. LENGTH OF STAY IN 1b: 7 Days
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION: Prince George's General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Maryland
b. COUNTY: Prince George's
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): University Park Md.
d. STREET ADDRESS: 6701 Wells Parkway
e. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (Type or print): First: Caroline; Middle: Garnar; Last: Evans

4. DATE OF DEATH: Month: Feb; Day: 27; Year: 1956.

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH: Nov 29, 1869

9. AGE (In years last birthday): 86 yrs.

IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: William H. Garnar

14. MOTHER'S MAIDEN NAME: Eliza Kascaden

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Hospital records — Address: Cheverly, Maryland.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Myocardial Insufficiency
DUE TO
(b): Generalized Arteriosclerosis
DUE TO
(c):

422.2

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY: Hour o. m. p. m. / Month / Day / Year 19

20d. INJURY OCCURRED: While at work ☐ Not while at work ☐

20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

20f. (City or town) (County) (State)

21. I certify that I attended the deceased from 4-2, 1954, to 2-27, 1956, that I last saw the deceased alive on 2-26, 1956, and that death occurred at ____M, from the causes and on the date stated above.

ACTUAL SIGNATURE: [signature] M.D.

ADDRESS (Street, city or town, state): [illegible]

DATE SIGNED: 2-28-56

NAME (Type)

22a. BURIAL, CREMATION, REMOVAL (Specify): Burial

22b. DATE THEREOF: Mar 2, 1956

22c. NAME OF CEMETERY OR CREMATORY: Greenwood Cemetery

22d. LOCATION (City, town, or county) (State): Brooklyn, New York,

23. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: F. Gasch's Sons Hyattsville, Maryland.

24a. REC'D BY REGISTRAR DATE: 2/[illegible]/56

24b. REGISTRAR'S SIGNATURE: [illegible]

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After the certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS A1S (4)
15M 9[illegible]

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02044

2102

CERTIFICATE OF DEATH

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Pr. Geo. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale | LENGTH OF STAY 17 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Box 3

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale
STREET ADDRESS (If rural, give location) Box 31

3. NAME OF DECEASED (Type or Print): (First) Emma (Middle) (Last) Ferguson
4. DATE OF DEATH: (Month) Feb 4, (Day) (Year) 1956
5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow | 8. DATE OF BIRTH: 3 May 1876 | 9. AGE last birthday: 79 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic | 10b. KIND OF BUSINESS OR INDUSTRY: Own home | 11. BIRTHPLACE (State or foreign country): Md. | 12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: King | 14. MOTHER'S MAIDEN NAME: Julia Woodson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No | 16. SOCIAL SECURITY NO.: none | 17. INFORMANT: Mrs. Sarah Blakemore, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Bronchopneumonia bilateral — 3 weeks

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic heart disease — Years

(c) generalized arteriosclerosis — Years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Gangrene - toes & extremities — 4 months

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 1955, to Feb 4, 1956, that I last saw the deceased alive on Feb 1, 1956, and that death occurred at 9:30 a.m., from the causes and on the date stated above.

SIGNATURE: Hume Kurt (Degree or title) MD ADDRESS RFD Bowie Md DATE SIGNED 2/4/56

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 2-7-56 | NAME OF CEMETERY OR CREMATORY: Nelson Chapel Cemetery | LOCATION (City, town, or county) Upper Marlboro (State) Md.

DATE REC'D BY LOCAL REG. Feby 6 1956 | REGISTRAR'S SIGNATURE: Mrs. Eugene M. Gingling | 24. FUNERAL DIRECTOR: F. Dasetta Lowe | ADDRESS: Hyattsville, Md.

VS. A15

2055

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 02045

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 12 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md — COUNTY Prince Geo.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) 6467 Harvard Road

3. NAME OF DECEASED: (Type or Print) (First) Sherman (Middle) Fireson (Last)

4. DATE OF DEATH (Month) 2 (Day) 2 (Year) 1956

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH:

9. AGE last birthday: 72 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Const.

11. BIRTHPLACE (State or foreign country): D. C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unk

14. MOTHER'S MAIDEN NAME: Unk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: Unk.

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cerebral thrombosis — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Cardiovascular renal disease — DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John J. Maloney (Hyattsville Md) M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒

DATE SIGNED 2-2-56.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 2/9/56 — NAME OF CEMETERY OR CREMATORY Baileys Cemetery — LOCATION (City, town, or county) (State) Landover, Md.

DATE REC'D BY LOCAL REG. 2/10/56 — REGISTRAR'S SIGNATURE Ed Eccles Jr Registrar

24. FUNERAL DIRECTOR John I. Rhines & Co. — ADDRESS 401-3rd St. S.W.

VS. A15A - 5 - 53

2030

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02046 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 245

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville, Md.; LENGTH OF STAY (in this place) 7 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS 4616 Burlington Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Prince Georges; CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Hyattsville, Md; STREET ADDRESS (If rural, give location) 4616 Burlington Rd.

3. NAME OF DECEASED: (Type or Print) (First) RUBY (Middle) BREEDEN (Last) FLYNN

4. DATE OF DEATH (Month) Feb (Day) 28, (Year) 19 56.

5. SEX: Female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH: Jan 16. 1910

9. AGE last birthday: 46 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY: own Home

11. BIRTHPLACE (State or foreign country): Va

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Newman H. Breeden

14. MOTHER'S MAIDEN NAME: Ethel M.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Charles J. Flynn Hyattsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) DUE TO: Strangulation

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO: Hanging (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: **19b. MAJOR FINDING OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH. **21b. PLACE** (Home, farm, factory, OF street, office bldg., etc., INJURY Home **21c.** (City or town) Hyattsville Pr. Geo- (County) (State) Md.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 2-28-56 P. M. **21e. INJURY OCCURRED** While at work ☐ Not while at work ☒ **21f. HOW DID INJURY OCCUR?** Hanging

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined cause ☐.

SIGNATURE John J. Maloney (Hyattsville, Md) M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 2-28-56

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE (Month) (Day) (Year) 3/2/56; NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery; LOCATION (City, town, or county) Washington (State) D.C.

DATE REC'D BY LOCAL REG. March 1, 1956; REGISTRAR'S SIGNATURE James Devey; **24. FUNERAL DIRECTOR** F. Dasch's Sons; ADDRESS Hyattsville Md.

02047

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2056 CERTIFICATE OF DEATH

Reg. Dist. No. 231

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place) 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town)
TOWN Lanham.
STREET ADDRESS (If rural give location) Rt 2 - Box 13

3. NAME OF DECEASED: (First) DORA (Middle) L. (Last) FORSYTHE

4. DATE OF DEATH: (Month) Feb (Day) 2 (Year) 1956

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Wid. | 8. DATE OF BIRTH: 5-4-1870 | 9. AGE last birthday: 85 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Washington D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Henry Long
14. MOTHER'S MAIDEN NAME: Susan Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Statistic Card

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Heart failure — INTERVAL BETWEEN ONSET AND DEATH: months

ANTECEDENT CAUSE (B) OUE TO Generalized arteriosclerosis — years.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) OUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 27 Jan 56
19B MAJOR FINDINGS OF OPERATION: Dry gangrene of leg
20. AUTOPSY? YES ☐ NO ☒

21A ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/26, 1956, to 2/2, 1956 that I last saw the deceased alive on 2/2, 1956, and that death occurred at 1 39 M, from the causes and on the date stated above.
SIGNATURE John W. Bayly M. D. ADDRESS 1835 Eye N.W. DATE SIGNED 2/2/56

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2/4/56	Fort Lincoln Cemetery	Colmar Manor Pr. Geo. Md.

DATE REC'D BY LOCAL REGISTRAR: Feby 5 1956
REGISTRAR'S SIGNATURE: Amanda Downey
24. FUNERAL DIRECTOR: Malley's Funeral Home ADDRESS 3200 R.I. Ave Mt. Rainier, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02048

2057 CERTIFICATE OF DEATH

Reg. Dist. No. 231

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 2 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Suitland
STREET ADDRESS (If rural give location) 4685- Homer Ave

3. NAME OF DECEASED: (Type or Print) (First) Walter (Middle) E. (Last) Frederick

4. DATE OF DEATH: (Month) 2 (Day) 7 (Year) 1956

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married | 8. DATE OF BIRTH: Nov. 6-1883 | 9. AGE last birthday 72 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Maintenance Man
10B. KIND OF BUSINESS OR INDUSTRY: Apt. Building
11. BIRTHPLACE (State or foreign country): Wilkes Barre, Pa.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas E. Frederick
14. MOTHER'S MAIDEN NAME: Sarah Mercile

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unk.) No (If Yes, give war or dates of service) None
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT & ADDRESS: Mrs Edyth J. Frederick- Suitland, Md. 4685 Homer Ave.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cerebellar Thrombosis, right — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSE (S) DUE TO (B) Cerebral Arteriosclerosis — ?

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Generalized Arteriosclerosis — ?

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/10/56, 19 , to 2/7/56, 19 , that I last saw the deceased alive on 2/6/56, 19 , and that death occurred at 2:37 A M, from the causes and on the date stated above.

SIGNATURE Sam R. Sametsky
ADDRESS M.D. 4310 Kayron Dr. Mt. Rainier, Md
DATE SIGNED 2/7/56

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 2-8-56
NAME OF CEMETERY OR CREMATORY Hanover Green
LOCATION (City, town, or county) (State) Hanover, Penna.

DATE REC'D BY LOCAL REGISTRAR 2/9/56
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR W.W. Chambers Co
ADDRESS Washington, D.C.

02049

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2027 **CERTIFICATE OF DEATH** Reg. Dist. No. 230

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) College Park
LENGTH OF STAY (in this place) 15 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7306 Prinston avenue,.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George's
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) College Park, Md.
STREET ADDRESS (If rural give location) 7306 Prinston avenue,.

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Oscar (Last) Frith

4. DATE OF DEATH: (Month) Feb (Day) 13, (Year) 1956.

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed

8. DATE OF BIRTH: Jan 19, 1865

9. AGE last birthday: 91 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10B. KIND OF BUSINESS OR INDUSTRY: Lawyer

11. BIRTHPLACE (State or foreign country): Virginia.

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Thomas Frith

14. MOTHER'S MAIDEN NAME: Carolyn Cook Winfield

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS: Mary Alma Davis College Park, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cardio-Vascular-Renal Disease

ANTECEDENT CAUSE (B) Generalized Arteriosclerosis

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-4., 1956, to 2-13., 1956, that I last saw the deceased alive on 2-13., 1956, and that death occurred at M, from the causes and on the date stated above.

SIGNATURE C. Dent Lewis M.D. ADDRESS Hyattsville Md DATE SIGNED 2-14-56.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF Feb 14, 1956 NAME OF CEMETERY OR CREMATORY Sweet River LOCATION (City, town, or county) Blacksburg (State) Va

DATE REC'D BY LOCAL REGISTRAR Feby 14 1956 REGISTRAR'S SIGNATURE John D. Smith

24. FUNERAL DIRECTOR Gaschs sons ADDRESS Hyattsville. Md

02050

MARYLAND

STATE DEPARTMETT OF HEALTH

2058

CERTIFICATE OF DEATH

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Prince Georges — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly — MARYLAND — LENGTH OF STAY (in this place) — HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr Geo — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Capitol Hgts — STREET ADDRESS (If rural, give location) 1017 - Highview Drive

3. NAME OF DECEASED (Type or Print): (First) John (Middle) B. (Last) Giorgis

4. DATE OF DEATH: (Month) 2 (Day) 23 (Year) 1956

5. SEX: Male

6. COLOR OR RACE: W

7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify)

8. DATE OF BIRTH: 12-17-94

9. AGE last birthday: 61 yrs. — If under 1 year: Months. Days. — If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Meat Cutter

10b. KIND OF BUSINESS OR INDUSTRY: Safeway

11. BIRTHPLACE (State or foreign country): Italy

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: John Dart Giorgis

14. MOTHER'S MAIDEN NAME: Maria Vittoni

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Mary Dayland 1017 Highview Drive

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral-Vascular Accident

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c) Silicosis - Bilateral

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-16, 1956, to 2-22, 1956, that I last saw the deceased alive on 2-22, 1956, and that death occurred at 12:01 A (2-23-56) m., from the causes and on the date stated above.

SIGNATURE Max Herzberg (Degree or title) M D ADDRESS 7016 - Gale St, East Pleasant Md DATE SIGNED 2-23-56

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE 2/25/56 | NAME OF CEMETERY OR CREMATORY Cedar Hill | LOCATION (City, town, or county) Suitland Md (State)

DATE REC'D BY LOCAL REG. 2/25/56 | REGISTRAR'S SIGNATURE Howard Hudson Reg | 24. FUNERAL DIRECTOR John H Mattingly | ADDRESS Wash DC

131-11 [illegible]

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02051

2059 CERTIFICATE OF DEATH

Reg. Dist. No. 256

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Prince George's MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place) 1 hr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural give location) 5600 Tilden Rd.

3. NAME OF DECEASED: (Type or Print) (First) Esther (Middle) Green (Last) Green

4. DATE OF DEATH: (Month) Feb. (Day) 24 (Year) 1956

5. SEX: F. 6. COLOR OR RACE: White 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married 8. DATE OF BIRTH: 1 April 1903. 9. AGE last birthday 52 yrs.
IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None.
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331K
IMMEDIATE CAUSE (A) Massive Dystrophy - cranial — 12 hrs.
ANTECEDENT CAUSE (B) DUE TO Hemorrhage (Right) — ?
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Hypertension
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/24, 1956 to 2/24, 1956 that I last saw the deceased alive on 2/24, 1956, and that death occurred at 9:20 P.M., from the causes and on the date stated above.
SIGNATURE Gordon W. Kelley M. D. ADDRESS Hyatts, Md DATE SIGNED 2/25/56

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal
DATE THEREOF 2/25/56
NAME OF CEMETERY OR CREMATORY Fairview
LOCATION (City, town, or county) (State) Cumberland, Md.

DATE REC'D BY LOCAL REGISTRAR 2/25/56
REGISTRAR'S SIGNATURE Howard V. Kenney
24. FUNERAL DIRECTOR? A. C. Singhas
ADDRESS 1124 Bladensburg Rd. N.E. Washington, D.C.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH

02052

2411 N. Charles Street, Baltimore

2103 CERTIFICATE OF DEATH

Reg. Dist. No. 242

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the number of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: PRINCE GEORGES MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL- CLINTON
LENGTH OF STAY (in this place): 44 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: R.R. #1 Box 706

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND COUNTY: PRINCE GEORGES
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL - CLINTON
STREET ADDRESS (If rural, give location): R.R. #1 Box 706

3. NAME OF DECEASED (Type or Print): (First) GUSSIE (Middle) MARY (Last) GREEN

4. DATE OF DEATH: (Month) FEBRUARY (Day) 21 (Year) 1956

5. SEX: F

6. COLOR OR RACE: COL

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: UNKNOWN

9. AGE last birthday: 68 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): CHAS. CO., MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: JOSEPH [redacted] SWEETNEY

14. MOTHER'S MAIDEN NAME: MATHILDA YATES

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT: SON - MR. FRANCIS HEDLEY

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) CEREBRAL HEMORRHAGE	5½ hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) HYPERTENSIVE ARTERIOSCLEROTIC - CARDIO-VASCULAR DISEASE.	20 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. NONE

19a. DATE OF OPERATION: NONE

19b. MAJOR FINDINGS OF OPERATION: NONE

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): NONE

PLACE (Home, farm, factory, street, office bldg., etc.): NONE (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): NONE m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? NONE

22. I hereby certify that I attended the deceased from FEB. 15, 1956, to FEB. 21, 1956 that I last saw the deceased alive on FEB. 20, 1956 and that death occurred at 4:45 A.m., from the causes and on the date stated above.

SIGNATURE: Arthur Shaver Jr. (Degree or title) M.D. ADDRESS: Branch Ave. & Woodyard Rd. Clinton Md. DATE SIGNED: Feb 21, 1956

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 2-24-56 | NAME OF CEMETERY OR CREMATORY: St. Joseph Cemetery | LOCATION (City, town, or county) (State): Clinton Maryland

DATE REC'D BY LOCAL REG.: 2-23-56 | REGISTRAR'S SIGNATURE: Carrie Campbell | 24. FUNERAL DIRECTOR ADDRESS: Kalmbach Fun. Home 43-37 Hunter

M 21

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02053

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CERTIFICATE OF DEATH

2060

Reg. Dist. No. 31

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Prince Georges' MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place) 16 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges' General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Prince Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville
STREET ADDRESS (If rural give location) 3733 Nicholson Street

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) (Last) Griffin

4. DATE OF DEATH: (Month) 2 (Day) 18 (Year) 1956

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 12-4-1887

9. AGE last birthday 68 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William H. Griffin

14. MOTHER'S MAIDEN NAME: Jane E. Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 163-05-7137

17. INFORMANT & ADDRESS: Statistic Card

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442X

IMMEDIATE CAUSE (A) Uremia — INTERVAL BETWEEN ONSET AND DEATH 2 weeks

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Arteriosclerotic Cardiovascular

DUE TO (C) Renal Disease — Years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec., 1955, to 2/18, 1956, that I last saw the deceased alive on 2/18, 1956, and that death occurred at 6:15 A.M., from the causes and on the date stated above.

SIGNATURE Randall Hench M.D. ADDRESS 432 Queen Anne's Rd. Hyattsville Md. DATE SIGNED 2/18/56

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 2-20-56 — NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery — LOCATION (City, town, or county) (State) Frederick - Md.

DATE REC'D BY LOCAL REGISTRAR 2/25/56 — REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR C. E. Cline & Son — ADDRESS Frederick - Md.

2331

02054

Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN W. Hyattsville
LENGTH OF STAY (in this place) 5 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7419-17th Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Prince Georges
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN W Hyattsville
STREET ADDRESS (If rural, give location) 7419-17th Ave.

3. NAME OF DECEASED: (Type or Print) (First) Martin (Middle) Joseph (Last) Gruberg

4. DATE OF DEATH (Month) 2 (Day) 16 (Year) 1956

5. SEX: M.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Oct. 25, 1952

9. AGE last birthday: 3 yrs.

IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington, D.C

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Hyman Gruberg

14. MOTHER'S MAIDEN NAME: Jeannette Mirsky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mother - Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) DUE TO: Asphyxia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO: Suffocation

(c): Syncope

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 2

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY Home

21c. (City or town) W. Hyattsville (County) Pr. Geo. (State) Md

21d. TIME OF INJURY (Month) 2 (Day) 16 (Year) 56 (Hour) 4:30 A.M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR? Suffocation in bed during unconsciousness

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒ Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒ Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John D. Maloney (Hyattsville, Md)

M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 2-16-56

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 2-17-56

NAME OF CEMETERY OR CREMATORY Bon. Worth. Cemetery

LOCATION (City, town, or county) Hyattsville (State) Md.

DATE REC'D BY LOCAL REG. 2-17-1956

REGISTRAR'S SIGNATURE Mrs. Jas. Severe Deputy

24. FUNERAL DIRECTOR Wilbur Summers Home

ADDRESS Washington, D.C.

54 24

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02055

2104

CERTIFICATE OF DEATH

Item 9, F11mG793 2-28-56 et

Reg. Dist. No. 2nd

1. PLACE OF DEATH

COUNTY PRINCE GEORGES MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) SUITLAND

LENGTH OF STAY (in this place) 1 year

HOSPITAL OR INSTITUTION OR STREET ADDRESS 4450 WHITEHALL ST.

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE VIRGINIA COUNTY

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) PULASKI

STREET ADDRESS (If rural give location) 311 VALLEY STREET

3. NAME OF DECEASED (Type or Print) (First) ~~HALL~~ LENA (Middle) GERTIDE (Last) HALL

4. DATE OF DEATH (Month) FEBRUARY (Day) 22 (Year) 19 56

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
FEM.	WHITE	WIDOW	JUNE 21, 1884	72 yrs.	—	—	—	—

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	Home	TENNESSEE	U. S. of A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JOHN SHULL	NOT AVAILABLE N.E.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No	—	Mrs. Rex Stewart; 421 Evarts St.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
4 IMMEDIATE CAUSE	(A)	CEREBRAL HEMORRHAGE	3 days
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B)	Hypertensive Cardiovascular Disease	5 years
	DUE TO (C)	—	—

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. —

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	YES ☐ NO ☑

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY—street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED White at work ☐ Not white at work ☐	21f. HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from JULY, 19 55, to FEB. 22, 19 56, that I last saw the deceased alive on FEB 22, 19 56, and that death occurred at 11:35 A.M., from the causes and on the date stated above.

SIGNATURE Walcott W. Gibson M.D. **ADDRESS** (Street, city, town, state) 2412 Minnesota Ave. S.E. Washington 20 D.C. **DATE SIGNED**

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Transit Burial	Feb 24 1956	East Hill Cemetery	Bristol Va.

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
FEB 23 1956	Mrs. Carrie Campbell	J. Arthur Walters	254 Carroll St. NW

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02056

2032 **CERTIFICATE OF DEATH**

Reg. Dist. No. 2345

1. PLACE OF DEATH
a. COUNTY: Prince Georges — MARYLAND
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Hyattsville
c. LENGTH OF STAY IN 1b:
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION: 2111 Rolander Street

2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)
a. STATE: Maryland — b. COUNTY: Prince Georges
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Hyattsville
d. STREET ADDRESS: 2111 Rolander Street
e. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (Type or print): First CARL Middle HERBERT Last HALSTEN
4. DATE OF DEATH: Month FEB. Day 29 Year 1956
5. SEX: male
6. COLOR OR RACE: white
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: January 16, 1906
9. AGE (In years last birthday): 50 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Accountant
10b KIND OF BUSINESS OR INDUSTRY: Dept. of Army
11 BIRTHPLACE (State or foreign country): New York City
12 CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Carl Eric Halsten
14. MOTHER'S MAIDEN NAME: Hilma Mattson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 055-07-6766
17. INFORMANT: Miss Janet Halsten — Address: 2111 Rolander St. Hyattsville, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary Thrombosis & infarction — INTERVAL BETWEEN ONSET AND DEATH: 24 hours
420.1
DUE TO
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
(b) Coronary sclerosis
DUE TO
(c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year 19
20d. INJURY OCCURRED While at work ☐ Not while at work ☐
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
20f. (City or town) (County) (State)

21. I certify that I attended the deceased from April 26, 1943, to Feb 29, 1956, that I last saw the deceased alive on Feb 29, 1956, and that death occurred at 3:35 P.M., from the causes and on the date stated above.
ACTUAL SIGNATURE: Frank R. Shea M.D. — ADDRESS (Street, city or town, state): 4100 - 22nd St NE — DATE SIGNED: 2/29/56
PHYSICIAN'S NAME (Type): FRANK R. SHEA M.D.

22a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
22b. DATE THEREOF: 3/3/1956
22c. NAME OF CEMETERY OR CREMATORY: Fort Lincoln Crematory
22d. LOCATION (City, town, or county) (State): Prince Georges County, Md.
23. FUNERAL DIRECTOR'S SIGNATURE: A. H. Hines & Sons, Washington D C — ADDRESS
24a. REC'D BY REGISTRAR DATE: March 2 1956 — 24b. REGISTRAR'S SIGNATURE: Mrs. Jas. Severe

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS A15 (4)
15M 9/55

2105

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02057 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 241

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A-5-53

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Naylor
LENGTH OF STAY (in this place) 9 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Gibbons Farm

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Naylor
STREET ADDRESS (If rural, give location) Gibbons Farm

3. NAME OF DECEASED: (Type or Print) (First) Glenn (Middle) M (Last) Hardy

4. DATE OF DEATH (Month) Feb (Day) 5, (Year) 1956.

5. SEX: male **6. COLOR OR RACE:** colored **7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):** Single **8. DATE OF BIRTH:** May 4, 1955 **9. AGE last birthday:** 9 months yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): none **10b. KIND OF BUSINESS OR INDUSTRY:** **11. BIRTHPLACE** (State or foreign country): Maryland **12. CITIZEN OF WHAT COUNTRY?** U S A

13. FATHER'S NAME: William J. Hardy Sr.
14. MOTHER'S MAIDEN NAME: Bertha E. Windsor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) **(If Yes, give war or dates of service)**
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Bertha E. Hardy Naylor Md (mother)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (INTERVAL BETWEEN ONSET AND DEATH)

Immediate cause (a) DUE TO: Shock
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO: Internal third degree burns over
(c) Charring of body

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: **19b. MAJOR FINDING OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☑ or CONTRIBUTING ☐ CAUSE OF DEATH. **21b. PLACE** (Home, farm, factory, OF street, office bldg., etc., INJURY Home **21c.** (City or town) Naylor (County) P. G. (State) Md

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 2 5 56 9:00 P **21e. INJURY OCCURRED** While at work ☐ Not while at work ☑ **21f. HOW DID INJURY OCCUR?** Fire horse that burned 6 farm

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☑ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 2-6-56

23. BURIAL, CREMATION, REMOVAL (Specify): DATE THEREOF 2/7/56 NAME OF CEMETERY OR CREMATORY [illegible] LOCATION (City, town, or county) [illegible] (State)

DATE REC'D BY LOCAL REG. [illegible] REGISTRAR'S SIGNATURE Carrie Campbell **24. FUNERAL DIRECTOR** Bacon Funeral Home ADDRESS Wash. D.C.

2106

02058

Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 247

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY: Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Naylor
LENGTH OF STAY (In this place): 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Gibbons Farm

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Prince George's
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN: Maryland
STREET ADDRESS (If rural, give location): Gibbons Farm

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) F. (Last) Hardy

4. DATE OF DEATH (Month) Feb (Day) 5, (Year) 19 56.

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
male	colored	single	April 9, 1953	2 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Washington D. C.
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: William J. Hardy Sr
14. MOTHER'S MAIDEN NAME: Bertha E. Windsor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Bertha E. Hardy Naylor Md (Mother)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	DUE TO	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Shock	DUE TO	
	(c) Internal hemorrhage & bodybruising		

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY: Home
21c. (City or town) Naylor (County) P. G. (State) Md
21d. TIME OF INJURY (Month) 2 (Day) 5 (Year) 56 (Hour) 9:00 P M
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR? In house that burned to ground

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☑, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE: James F. Hardy M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☑
DATE SIGNED: 2-6-56

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2/7/56	Lincoln Memorial Park	Washington D. C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/7/56	Carrie Campbell	Bacon Funeral Home	Washington D.C

2107

02059

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 242

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Naylor
LENGTH OF STAY (in this place) 6 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Gibbons Farm

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George's
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Naylor
STREET ADDRESS (If rural, give location) Gibbons Farm

3. NAME OF DECEASED: (Type or Print) (First) Phyllis (Middle) Joyce (Last) Hardy

4. DATE OF DEATH (Month) Feb (Day) 5, (Year) 19 56.

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	colored	single	Oct 3, 1949	6 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
none		Maryland	U S A

13. FATHER'S NAME: William J. Hardy Sr

14. MOTHER'S MAIDEN NAME: Bertha E. Windsor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
		Bertha E. Hardy, Naylor Md (Mother)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Shock DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) burnt 3rd degree burns & Chemy DUE TO (c) Body

Interval between onset and death:

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☑ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town)	(County)	(State)
	Home	Naylor	P G	Md

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED While at work ☐	Not while at work ☐	21f. HOW DID INJURY occur?
2	5	56	9 P M		☑	In house that burned down

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE James F Bonn M. D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☑ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 2-6-56

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	2/10/56	Bacon Funeral Home	Wash	D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/10/56	Carrie Campbell	Bacon Funeral Home	Wash D.C.

2108

02060
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 242

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Naylor
LENGTH OF STAY (In this place) 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS Gibbons Farm

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Naylor
STREET ADDRESS (If rural, give location) Gibbons Farm

3. NAME OF DECEASED: (Type or Print) (First) Wanda (Middle) L. (Last) Hardy

4. DATE OF DEATH (Month) Feb (Day) 5, (Year) 1956

5. SEX: female

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: April 8, 1954

9. AGE Last birthday: 1 year yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington D. C.

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: William J. Hardy Sr.

14. MOTHER'S MAIDEN NAME: Bertha E. Windsor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Bertha E. Hardy, Naylor Md (Mother)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) DUE TO Shock

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO Immense third degree burns and ... (c) Burning of body

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☑ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc.,) INJURY Home

21c. (City or town) Naylor (County) P G (State) Md

21d. TIME OF INJURY (Month) 2 (Day) 5 (Year) 56 (Hour) 6:00 P.M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☑

21f. HOW DID INJURY OCCUR? In house that burned 4 years

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑, and find that death resulted from: Natural causes ☐, Accident ☑, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Emma D Bacon M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☑
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 2-6-56

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 2/7/56

NAME OF CEMETERY OR CREMATORY Forest Lawn

LOCATION (City, town, or county) (State) Glenn Dale Md

DATE REC'D BY LOCAL REG. 2/7/56

REGISTRAR'S SIGNATURE Carrie Campbell

24. FUNERAL DIRECTOR Bacon Funeral Home

ADDRESS Washington D C

2109

02061

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 242

1. PLACE OF DEATH:
COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Naylor
LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS Gibbons Farm

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Naylor
STREET ADDRESS (If rural, give location) Gibbons Farm

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) J. (Last) Hardy Jr.

4. DATE OF DEATH (Month) Feb (Day) 5, (Year) 1956. 19

5. SEX: male

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: Nov 24, 1951

9. AGE last birthday: 4 yrs
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington D. C.

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: William J. Hardy Sr

14. MOTHER'S MAIDEN NAME: Bertha E. Windsor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Bertha E. Hardy- Naylor Md (mother)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Shock. DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) universal third degree burn of body and chest DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY Home

21c. (City or town) Naylor (County) P.G. (State) Md

21d. TIME OF INJURY (Month) 2 (Day) 5 (Year) 56 (Hour) 9PM

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? In house that burned down

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Forrest H Boyd M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 2-6-56

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 2/7/56

NAME OF CEMETERY OR CREMATORY Bacon Fun. Home

LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REG. 2/7/56

REGISTRAR'S SIGNATURE Carrie Campbell

24. FUNERAL DIRECTOR Bacon Funeral Home

ADDRESS Wash D.C.

VS. A15A - 5 - 53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02062

CERTIFICATE OF DEATH

2110 Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Apply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Glenn Dale (Rural)
LENGTH OF STAY (in this place) 2 yrs, 10 mos 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 28 Glenn Dale Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington 47
STREET ADDRESS (If rural give location) 12- Patterson St., N.E.

3. NAME OF DECEASED: (First) DAVID (Middle) (Last) HARRISON
4. DATE OF DEATH: (Month) 2 (Day) 25 (Year) 1956

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	Negro	single	6/5/1877	78 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Vendor	-	Washington, D.C.	USA

13. FATHER'S NAME: Edward Harrison
14. MOTHER'S MAIDEN NAME: Annie Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no	None	Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Pulmonary Tuberculosis	2 yrs. 9 mos.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO	
	(c) DUE TO	

0022

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus 2 yrs 9 mos

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-20, 1953, to 2-25, 1956, that I last saw the deceased alive on 2-25, 1956, and that death occurred at 6:05 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Daniel Leo Finucane M.D.	Glenn Dale Hospital	2/25/56

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	2-27-56	—	Washington, D.C.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/26/56	[illegible]	R. N. Hoyton	1322 You St. N.W. Wash., D.C.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02063

2111

CERTIFICATE OF DEATH

Item 7, Film G 193, 3/2/56 bh

Reg. Dist. No. 242

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Baden
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.R. Brandywine Md

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY P.G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Baden, Md
STREET ADDRESS (If rural give location) R.R. Brandywine Md

3. NAME OF DECEASED: (Type or Print) (First) Wesley (Middle) Daniel (Last) Hawkins

4. DATE OF DEATH: (Month) 2 (Day) 23 (Year) 1956

5. SEX: Male 6. COLOR OR RACE: Negro 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married 8. DATE OF BIRTH: 12-24-1876 9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farmer 10b. KIND OF BUSINESS OR INDUSTRY: 11. BIRTHPLACE (State or foreign country): Maryland 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Richard Hawkins 14. MOTHER'S MAIDEN NAME: Rachel Reeder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 16. SOCIAL SECURITY NO.: 17. INFORMANT & ADDRESS: Laura Hawkins Brandywine Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443x
Immediate cause (a) Acute Myocardial Failure — Interval Between Onset And Death: 1 day

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Chronic Myocardial Failure — 2 yrs
DUE TO (c) Chronic Hypertensive Heart Disease — 2 yrs

II OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) none PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1954, to Feb 19, 1956, that I last saw the deceased alive on 2/19/, 1956, and that death occurred at 7:10 PM, from the causes and on the date stated above.
SIGNATURE (Degree or title) Yaheh M Kerr M.D. ADDRESS Aquasco, Md DATE SIGNED 2/23/56

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 2-27-56 NAME OF CEMETERY OR CREMATORY Church Cemetery LOCATION (City, town, or county) (State) Brandywine Md

DATE REC'D BY LOCAL REGISTRAR Feb. 24. 56 REGISTRAR'S SIGNATURE Carrie Campbell 24. FUNERAL DIRECTOR Marlow + Woodford Inc. ADDRESS 1622-11th St NW

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

2061

02064

Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (In this place) D.O.A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Prince Geo
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Cottage City
STREET ADDRESS (If rural, give location) 3704 41st Avenue

3. NAME OF DECEASED: (Type or Print) (First) Theodore (Middle) Jefferson (Last) Hilleary

4. DATE OF DEATH (Month) 2 (Day) 24 (Year) 1956

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept 3, 1891

9. AGE last birthday: 64 yrs.

IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Bldg. Inspec.

10b. KIND OF BUSINESS OR INDUSTRY: Pr Geo County

11. BIRTHPLACE (State or foreign country): Washington DC

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Hilleary

14. MOTHER'S MAIDEN NAME: Emma West

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No
(If Yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 577-12-3[illegible]

17. INFORMANT & ADDRESS: Wife - Same address.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Acute congestive heart failure DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Cardiovascular renal disease DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Essential hypertension

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John D Mahoney (Hyattsville, Md)

M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 2-25-56

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 2-29-56

NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery

LOCATION (City, town, or county) (State) Suitland Pr. Geo. Co. Md

DATE REC'D BY LOCAL REG. 2-29-56

REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR W. W. Compton & Son

ADDRESS [illegible]

VS. A15A - 5 - 53

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02065

2233

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH

COUNTY: Prince Geo. — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Hyattsville, R

LENGTH OF STAY (In this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Sacred Heart Home 5805 Queens Chapel Rd

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE: D.C. — COUNTY:

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Washington

STREET ADDRESS (If rural give location): 4515 Davenport St NW

3. NAME OF DECEASED (Type or Print): (First) Josie (Middle) M. (Last) Hisle

4. DATE OF DEATH (Month) Feb. (Day) 21 (Year) 1956

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
F	White	Widowed	6/28/1880	75 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Washington, D.C.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Scanlon	Bridget Sheehan

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
no	no	Clinton M. Hisle, Jr. 5632 Kansas Ave., N.W. Wash. D.C.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A): Terminal Bronchopneumonia

ANTECEDENT CAUSE(S) DUE TO (B): Congestive Heart Failure

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C): Arteriosclerotic Heart Disease

INTERVAL BETWEEN ONSET AND DEATH:

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b MAJOR FINDINGS OF OPERATION: Coroner notified and has approved. JFS

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/21, 1956, to 2/21, 1956, that I last saw the deceased alive on 2/21, 1956, and that death occurred at 7:35 PM, from the causes and on the date stated above.

SIGNATURE: J. Stone Fitzgerald M.D. ADDRESS (Street, city, town, state): 8218 Wisc. Ave. Bethesda DATE SIGNED: 2/21/56

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2/24/1956	Cedar Hill Cemetery	Prince Georges Co., Md.

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
Feby 23 1956	Mrs. Jas. Devese Deputy	The D. H. Hess Co.	2901-14th St. N.W. Wash., D. C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02066

2034 CERTIFICATE OF DEATH

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town: H. ATTSVILLE
LENGTH OF STAY (in this place): life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 6000 BALTIMORE Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND — COUNTY P. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: HYATTSVILLE
STREET ADDRESS (If rural give location): 6000 BALTIMORE Ave

3. NAME OF DECEASED: (Type or Print) (First) KATHRYN (Middle) LYON (Last) HOLDEN

4. DATE OF DEATH: (Month) Feby. (Day) 17 (Year) 19 56

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: OCT. 28 - 1903

9. AGE last birthday: 52 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): HYATTSVILLE - Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: WALLACE C. LYON

14. MOTHER'S MAIDEN NAME: EMMA V. DIETZMAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO — (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: Henry H Lyon - 4004 Jefferson St Hyattsville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Congestive heart failure — 2 Mo
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Pneumonia — 3 Mo
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Schizophrenia — 18 Mo

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/57, 1953, to 2/17, 1956, that I last saw the deceased alive on 2/15, 1956, and that death occurred at 11:45 PM, from the causes and on the date stated above.

SIGNATURE: John W. Latimer Jr (Degree or title) M.D. — ADDRESS: 1528 Irving Ave NW, D.C. — DATE SIGNED: 2/17/56

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE THEREOF: Feby 20 1956 — NAME OF CEMETERY OR CREMATORY: FT. LINCOLN CEM. — LOCATION (City, town, or county) (State): Prince Georges Co. Md

DATE REC'D BY LOCAL REGISTRAR: Feby 17 1956 — REGISTRAR'S SIGNATURE: Mrs. Jas. Devers, Deputy

24. FUNERAL DIRECTOR: The D. H. Hinie Co — ADDRESS: 2401-14th St. N.W. Washington D. C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02067

2938 CERTIFICATE OF DEATH

Reg. Dist. No. 2545

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH.
COUNTY Prince Georges' MARYLAND
CITY (If outside corporate limits, write RURAL, OR and give nearest town) TOWN MT. RAINIER
LENGTH OF STAY (in this place) 3 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3207 Penny ST

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Prince Georges'
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN MT. RAINIER
STREET ADDRESS (If rural give location) 3207 Penny ST

3. NAME OF DECEASED. (Type or Print) (First) CHARLOTTE (Middle) ANN (Last) KEELER

4. DATE OF DEATH. (Month) Feb (Day) 19 (Year) 1956

5. SEX F | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married | 8. DATE OF BIRTH. June 15 1866 | 9. AGE last birthday: 89 yrs | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): housewife | 10B. KIND OF BUSINESS OR INDUSTRY. in own home | 11. BIRTHPLACE (State or foreign country): New York City N. Y. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME. JOSEPH GRANGER | 14. MOTHER'S MAIDEN NAME: SARAH KAY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. none | 17. INFORMANT & ADDRESS. Mrs Meda Gates cousin 3207 Penny ST MT RAINIER Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) Bronchopneumonia	48 hours
ANTECEDENT CAUSE (B)	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO Generalized Arteriosclerosis	10 years
	(C)	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0 | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1953, to Feb 19, 1956, that I last saw the deceased alive on Feb 19, 1956, and that death occurred at 10:50 PM, from the causes and on the date stated above.

SIGNATURE Wilmer Frost Cameron ADDRESS M. D. 3305 Perry St. MT Rainier Md DATE SIGNED 2/19/56

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 2/22/56 | NAME OF CEMETERY OR CREMATORY Greenwood | LOCATION (City, town, or county) Brooklyn N.Y. (State)

DATE REC'D BY LOCAL REGISTRAR July 21 1956 | REGISTRAR'S SIGNATURE Mrs. Jas. Davere Deputy | 24. FUNERAL DIRECTOR 3200 R. Fortune Talley's Funeral Home · Mt. Rainier Md.

2112

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02069

Reg. Dist. 5-42

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Suitland Hill
LENGTH OF STAY (in this place) 3 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3315 Naylor Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Suitland Hill
STREET ADDRESS (If rural, give location) 3315 Naylor Road

3. NAME OF DECEASED: (Type or Print) (First) Bessie (Middle) May (Last) Kite

4. DATE OF DEATH (Month) 2 (Day) 6 (Year) 1956

5. SEX: Female

6. COLOR OR RACE: Catholic

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: June 6, 1877

9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR: Months ____ Days ____ IF UNDER 24 HRS.: Hours ____ Min. ____

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U-S-A

13. FATHER'S NAME: Calvin H. Case

14. MOTHER'S MAIDEN NAME: Julia Lucas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Virginia Ziegler, same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Acute Congestive heart failure	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Cardiovascular renal disease	
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Diabetes

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE James J. Ross M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☑
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 2-6-56

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify): DATE THEREOF 2/8/56 NAME OF CEMETERY OR CREMATORY Lucas LOCATION (City, town, or county) (State) Stuart Va

DATE REC'D BY LOCAL REG. Feb 6-'56 REGISTRAR'S SIGNATURE Edna F. Collins

24. FUNERAL DIRECTOR J. J. Birchs Sons ADDRESS 305 4th St NW

2062

02070
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 245

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
LENGTH OF STAY (In this place) 18 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6506 Edmonston Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Pr Geo
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Riverdale
STREET ADDRESS (If rural, give location) 6506 Edmonston Ave

3. NAME OF DECEASED: (Type or Print) (First) Ralph (Middle) Cleveland (Last) Kochendarfer

4. DATE OF DEATH (Month) (Day) (Year) 2 - 18 - 1956

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 11-7-92

9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Dog Trainer

10b. KIND OF BUSINESS OR INDUSTRY: self

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Edward Kochendarfer

14. MOTHER'S MAIDEN NAME: Blanche Heilman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Clare Kochendarfer Riverdale, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Intracranial Hemorrhage — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Cardiovascular renal disease — DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John J. Maloney (Hyattsville, Md) M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒
DATE SIGNED 2-18-56

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF Feb 21, 1956
NAME OF CEMETERY OR CREMATORY Fort Lincoln Cemetery
LOCATION (City, town, or county) (State) Colmar Manor, Md.

DATE REC'D BY LOCAL REG. 2-21-1956
REGISTRAR'S SIGNATURE Mrs. Jas. Revere

24. FUNERAL DIRECTOR ADDRESS F. Gasch's Sons Hyattsville, Md.

2039

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02071 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 245

1. PLACE OF DEATH: COUNTY Pr. Geo. Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Rainier
LENGTH OF STAY (in this place) 15 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4009 - 36th St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Pr. Geo.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Mt. Rainier
STREET ADDRESS (If rural, give location) 4009 - 36th St

3. NAME OF DECEASED: (First) Gertrude (Middle) (Last) Kooke
4. DATE OF DEATH (Month) Feb. (Day) 6 (Year) 1956

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: 22 Sept 03
9. AGE last birthday: 52 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Secretary
10b. KIND OF BUSINESS OR INDUSTRY: Sears Dept. Store
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John VanSant
14. MOTHER'S MAIDEN NAME: Elizabeth Boone England.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO: 579-20-3965
17. INFORMANT & ADDRESS: Mildred E. Kooke as above

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cerebral compression DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Subarachnoid hemorrhage DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY
21c. (City or town) (County) (State)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒ Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John D. Maloney (Hyattsville, Md.) M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 2-6-56

23. BURIAL, CREMATION, REMOVAL (Specify): removal
DATE THEREOF 2-9-56
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State) Hawthorne, N.J.

DATE REC'D BY LOCAL REG. 2/7/56
REGISTRAR'S SIGNATURE Mrs. James Sevens Deputy.
24. FUNERAL DIRECTOR ADDRESS J. Wm Lee Sons Co - Wash, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

2063

Reg. Dist. No. 02072

1. PLACE OF DEATH
a. COUNTY: Prince Georges — MARYLAND
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Riverdale
c. LENGTH OF STAY IN 1b: 4 hours
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION: Leland Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Maryland — b. COUNTY: Prince Georges
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Laurel Md
d. STREET ADDRESS: Van Dusen Road
e. IS RESIDENCE ON A FARM? YES ☐ NO ☐

3. NAME OF DECEASED (Type or print): First: Agnes — Middle: Emily — Last: Leizear

4. DATE OF DEATH: Month: February — Day: 24 — Year: 1956

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH: July 24, 1884

9. AGE (In years last birthday): 71 yrs.
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS: Hours / Min

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: George Dixon

14. MOTHER'S MAIDEN NAME: Margaret Adams

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.:

17. INFORMANT — Address: Hospital record.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: Sudden
DUE TO (b): Arteriosclerotic Heart Disease — 3-4 yrs
DUE TO (c): Hypertension C-V Disease

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 420.0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month Day Year 19

20d. INJURY OCCURRED While at work ☐ Not while at work ☐

20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

20f. (City or town) (County) (State)

21. I certify that I attended the deceased from Jan 26, 1956 to Feb 24, 1956, that I last saw the deceased alive on Jan 26, 1956, and that death occurred at 2:30 P.M., from the causes and on the date stated above.

ACTUAL SIGNATURE: Robert Irving Lyall M.D. — ADDRESS (Street, city or town, state): 30 Thomas Drive Laurel Md — DATE SIGNED: 2/27/56

PHYSICIAN'S NAME (Type)

22a. BURIAL, CREMATION, REMOVAL (Specify): Burial
22b. DATE THEREOF: Feb 29, 1956
22c. NAME OF CEMETERY OR CREMATORY: Colesville Cemetery
22d. LOCATION (City, town, or county) (State): Colesville, Md.

23. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: F. Gasch's Sons Hyattsville, Maryland.

24a. REC'D BY REGISTRAR DATE: Feb. 28, 1956
24b. REGISTRAR'S SIGNATURE: Mrs. Jos. Devereux Registrar

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS A1S (4)
15M 9/55

02073

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

2064 CERTIFICATE OF DEATH

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
LENGTH OF STAY (In this place) 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Good Luck Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glendale
STREET ADDRESS (If rural, give location) Box 166

3. NAME OF DECEASED (Type or Print): (First) Robert (Middle) Lee (Last) Lorentz
4. DATE OF DEATH: (Month) Feb (Day) 3 (Year) 1956

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 20 June 1868
9. AGE last birthday: 87 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Henry Lorentz
14. MOTHER'S MAIDEN NAME: Catherine Robinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WWI
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Bessie B Lorentz Glendale, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Insufficiency	Years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Heart Disease	Years
	(c) Generalized Arteriosclerosis	Years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec, 1955, to Feb 3, 1956, that I last saw the deceased alive on Jan 29, 1956, and that death occurred at 1:50 p.m., from the causes and on the date stated above.

SIGNATURE: H James Kurtz (Degree or title) M D — ADDRESS RFD Bowie Md — DATE SIGNED 2/3/56

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF Feb 7 1956. — NAME OF CEMETERY OR CREMATORY: Arlington National Cemetery — LOCATION (City, town, or county) Arlington (State) Va.

DATE REC'D BY LOCAL REG. Feb. 6, 1956 — REGISTRAR'S SIGNATURE Mrs Jas Lowery Deputy

24. FUNERAL DIRECTOR: F Gaschasons — ADDRESS Hyattsville, Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02074

2113 CERTIFICATE OF DEATH

Reg. Dist. No. 245

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH: COUNTY PRINCE GEORGE MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MICHIGAN Park Hills; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD COUNTY PRINCE GEORGE; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MICHIGAN Park Hills; STREET ADDRESS (If rural give location) 1514 JENIFER ST.

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) TURNER (Last) LOVE

4. DATE OF DEATH: (Month) 2 (Day) 23 (Year) 1956

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED

8. DATE OF BIRTH: OCT 12, 1879

9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED

10B. KIND OF BUSINESS OR INDUSTRY: SALESMAN

11. BIRTHPLACE (State or foreign country): ST. MARYS County MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: SAMUEL T. LOVE MD.

14. MOTHER'S MAIDEN NAME: M. CATHERINE CHUNN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: EDGAR M LOVE 1512 JENIFER ST.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Carcinoma Roof of Mouth — INTERVAL BETWEEN ONSET AND DEATH: 10 months

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ~~Feb 22~~ 1956 to ~~Feb 23~~ 1956 that I last saw the deceased alive on ~~Feb 23~~, 1956, and that death occurred at 8:25 P M, from the causes and on the date stated above.

SIGNATURE Richard L Wheltzer M.D. ADDRESS 1123 Decatur St NW DATE SIGNED 2-23-56

23 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 2/27/56 — NAME OF CEMETERY OR CREMATORY Star Hill [illegible] — LOCATION (City, town, or county) (State) [illegible]

DATE REC'D BY LOCAL REGISTRAR 2/24/56 — REGISTRAR'S SIGNATURE Mrs. Jas. Lavere Haskett — 24. FUNERAL DIRECTOR Connolly Hanlon — ADDRESS 3831 Rhode Island Ave. Hyattsville, Md.

02075

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

2065

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly; LENGTH OF STAY (in this place) 9 months; HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacorda Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Prince Georges; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brentwood; STREET ADDRESS (If rural, give location) 3409 Tilden Street

3. NAME OF DECEASED (Type or Print): (First) Annie (Middle) E. (Last) Manning

4. DATE OF DEATH: (Month) Feb (Day) 6 (Year) 1956

5. SEX: Female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 9/13/1880

9. AGE last birthday: 75 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter and Examiner

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Government Bureau Engraving

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Daniel Manning

14. MOTHER'S MAIDEN NAME: Anne J. Edwards

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT: Mrs. Frances McKee - Sister

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 36 hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-29, 1956, to 2-6, 1956, that I last saw the deceased alive on 2-6, 1956, and that death occurred at 4:10 P.M., from the causes and on the date stated above.

SIGNATURE: [illegible] M.D. (Degree or title) ADDRESS 2716 Kirkwood P.I. N Hyattsville, Md. DATE SIGNED 2-6-56

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 2-9-56

NAME OF CEMETERY OR CREMATORY: Mt. Olivet

LOCATION (City, town, or county) (State): Washington, D.C.

DATE REC'D BY LOCAL REG.: 2/8/56

REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR: Mattingly Funeral Home, Inc. ADDRESS 2200 R.I. Ave. Mt. Rainier, Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02076

CERTIFICATE OF DEATH

2114

Reg. Dist. No. 243

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (rural)
LENGTH OF STAY (in this place) 1 mo., & 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D. C. COUNTY —
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural give location) 714 7th St., S. W.

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Henry (Last) Matthews

4. DATE OF DEATH: (Month) Feb. (Day) 1 (Year) 1956

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Jan. 6, 1888
9. AGE Last birthday: 68 yrs. IF UNDER 1 YEAR Months — Days — IF UNDER 24 HRS Hours — Min. —

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Dishwasher
10b. KIND OF BUSINESS OR INDUSTRY: Unknown
11. BIRTHPLACE (State or foreign country): Washington, D. C.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Matthews
14. MOTHER'S MAIDEN NAME: Alice Crawford

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: 578-16-7364
17. INFORMANT & ADDRESS: Decedent

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bronchogenic Carcinoma, Left Lung. — Interval Between Onset And Death 12 months

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/23/1955, to 2-1-1956, that I last saw the deceased alive on 2-1-1956, and that death occurred at 11:44 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) Glenn Dale Hospital ADDRESS DATE SIGNED
Dewey Lee Pierce, M.D. Glenn Dale, Maryland 2/2/56

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 2-1-56 NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State) Washington D.C.

DATE REC'D BY LOCAL REGISTRAR 2/2/56 REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR ADDRESS
Barnes & Matthews 612-614 4½ St. S.W. Wash. D.C.

Barnes Matthews

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

02077

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

2066 CERTIFICATE OF DEATH

Reg. Dist. No. 239

1. PLACE OF DEATH: COUNTY PRINCE GEORGE — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LAUREL
LENGTH OF STAY (in this place) 35 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 415 LAUREL AVE

2. USUAL RESIDENCE (HOME) OF DECEASED: COUNTY PRINCE GEORGE — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LAUREL
STREET ADDRESS (If rural, give location) 415 LAUREL AVE

3. NAME OF DECEASED (Type or Print): (First) LEAFY (Middle) CAPTOLA (Last) McFARLAND

4. DATE OF DEATH: (Month) Feb (Day) 4 (Year) 1956

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: Aug 8, 1891

9. AGE last birthday: 64 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NURSE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: CHARLES D. GODFREY

14. MOTHER'S MAIDEN NAME: EMILY LEVINIA LEISTER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: HUSBAND - SAME

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) cerebral hemorrhage	1 hr.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) hypertension	15 years
	(c) nephrosclerosis	years.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from APRIL, 1955, to Feb 4, 1956, that I last saw the deceased alive on Feb 3, 1956, and that death occurred at 8 A.M., from the causes and on the date stated above.

SIGNATURE: John R Bruce (Degree or title) MD ADDRESS 402 Main St. Laurel Maryland DATE SIGNED 2/4/56

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Feb 6 1956 — NAME OF CEMETERY OR CREMATORY: Ivy Hill Cemetery — LOCATION (City, town, or county) (State): Laurel, Maryland

DATE REC'D BY LOCAL REG.: Feb 5-56 — REGISTRAR'S SIGNATURE: M. Brashears

24. FUNERAL DIRECTOR: Wm Witte Donaldson — ADDRESS: Laurel, Md

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

2115

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02078

CERTIFICATE OF DEATH

Reg. Dist. No. 231

Item 12, Film C194 3-12-56 et

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 3/23/54

1. PLACE OF DEATH: COUNTY Prince Georges — STATE MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cottage City — LENGTH OF STAY (in this place)
   HOSPITAL OR INSTITUTION OR STREET ADDRESS 3714 43rd Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Prince George
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cottage City
   STREET ADDRESS (If rural give location) 3714 - 43rd Ave.

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Agnes (Last) McGee

4. DATE OF DEATH: (Month) Feb (Day) 19 (Year) 1956

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 1/12/1874

9. AGE last birthday: 82 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife.

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Ireland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Murphy

14. MOTHER'S MAIDEN NAME: Johanna Coughlen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service) none

16. SOCIAL SECURITY NO. none

17. INFORMANT: Mrs. Robert R. Conlan (daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
3320 Immediate cause	(a) Cerebral Thrombosis	1 week
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral Sclerosis	6 months
	(c) Generalized Arteriosclerosis	?

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1956, to Feb, 1956, that I last saw the deceased alive on Feb 18, 1956, and that death occurred at 6:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Benjamin S. Miller M.D. — Mt. Rainier — Feb 20 1956

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 2/23/1956 — NAME OF CEMETERY OR CREMATORY: St. Agnes Cemetery — LOCATION (City, town, or county) (State): Albany New York.

DATE REC'D BY LOCAL REG. 2-21-56 — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR — ADDRESS

Mallett Funeral Home Inc. 3208 - Rhode Island Ave. Mt Rainier, Md.

1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02079

Ltr: 20 Film 6193 3-1a-56 ams

2067

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH
a. COUNTY: Prince Georges — MARYLAND
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Riverdale
c. LENGTH OF STAY IN 1b: since Dec. 31 1955
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION: Eugene Leland Memorial Hospital
d. STREET ADDRESS: Crandall Rd.
e. IS RESIDENCE ON A FARM? YES ☐ NO ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Md.
b. COUNTY: Prince Georges
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Lanham

3. NAME OF DECEASED (Type or print): First: Edith — Middle: Virginia — Last: McKenney

4. DATE OF DEATH: Month: 2 — Day: 25 — Year: 1956

5. SEX: F

6. COLOR OR RACE: C

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH: 4/5/81

9. AGE (In years last birthday): 74 yrs
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: FRANK Sprague

14. MOTHER'S MAIDEN NAME: Louise

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: SON - George W. McKenney — Address: 1450 Eastern Ave. N.E. Wash. D.C.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a): GANGRENE OF BOTH FEET — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.

DUE TO (b): FROSTBITE — 2 MOS.

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 260 — DUE TO (c): 932.0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): DIABETES MELLITUS

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑

20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.): Insufficient heating of house

20c. TIME OF INJURY: Hour a. m. p. m. — Month, Day, Year: Dec ? 1955

20d. INJURY OCCURRED: While at work ☐ Not while at work ☐

20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): at home

20f. (City or town): Lanham (County): Pr.G. (State): Md.

21. I certify that I attended the deceased from 12-31, 1956, to 2-25, 1957, that I last saw the deceased alive on 2-24, 1956, and that death occurred at 2:55 P.M., from the causes and on the date stated above.

ACTUAL SIGNATURE: C. J. Hoffmann M.D.

ADDRESS (Street, city or town, state):

DATE SIGNED:

PHYSICIAN'S NAME (Type):

22a. BURIAL, CREMATION, REMOVAL (Specify): Burial

22b. DATE THEREOF: 2/29/56

22c. NAME OF CEMETERY OR CREMATORY: Rhoyer Meth. Church

22d. LOCATION (City, town, or county): Lanham (State): Md.

23. FUNERAL DIRECTOR'S SIGNATURE: James H. Edwards

ADDRESS: Gillis & Tilli

24a. REC'D BY REGISTRAR DATE: 2/[illegible]/56

24b. REGISTRAR'S SIGNATURE:

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After the certificate has been signed by the attending physician and completed, filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS A15 (4)
15M 9/55

1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2035

CERTIFICATE OF DEATH

02080

Reg. Dist. No. 142

1. PLACE OF DEATH
a. COUNTY: PRINCE GEORGES — MARYLAND
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): HYATTSVILLE
c. LENGTH OF STAY IN 1b: 2 YRS
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION: 5723 29th AVE

2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)
a. STATE: MD. — b. COUNTY: PRINCE GEORGES
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): HYATTSVILLE
d. STREET ADDRESS: 5723 29th AVE
e. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (Type or print): First KATHERINE — Middle VIRGINIA — Last NEAL

4. DATE OF DEATH: Month 2 — Day 25 — Year 1956

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: AUG 10, 1894

9. AGE (In years last birthday): 61 yrs

IF UNDER 1 YEAR: Months — Days
IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): AT HOME

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: —

14. MOTHER'S MAIDEN NAME: BURCH

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT — Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Congestive Heart failure — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks
DUE TO
(b): Arteriosclerotic cardio-vascular
DUE TO
(c): renal disease — Years

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY: Hour a. m. / p. m. — Month, Day, Year 19

20d. INJURY OCCURRED: While at work ☐ Not while at work ☐

20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — 20f. (City or town) (County) (State)

21. I certify that I attended the deceased from May, 19 56, to Feb. 28, 19 56, that I last saw the deceased alive on Jan 21, 19 56, and that death occurred at 11:30 A.M., from the causes and on the date stated above.

ACTUAL SIGNATURE: Ronald Fleischer M.D. — ADDRESS (Street, city or town, state): 5432 QUEENS CHAPEL Rd — DATE SIGNED

PHYSICIAN'S NAME (Type): RONALD S FLEISCHER — Hyattsville Md — 2/28/56

22a. BURIAL, CREMATION, REMOVAL (Specify): Burial — 22b. DATE THEREOF: Mar 2 1956 — 22c. NAME OF CEMETERY OR CREMATORY: Fort Lincoln — 22d. LOCATION (City, town, or county) (State): Bladensburg Md.

23. FUNERAL DIRECTOR'S SIGNATURE: W. Lee Jones Co. — ADDRESS: 330 4th St. N.E. — 24a. REC'D BY REGISTRAR DATE 3-2-56 — 24b. REGISTRAR'S SIGNATURE: Carrie Campbell

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After [redacted] certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS A15 (4)
15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02081

2068 **CERTIFICATE OF DEATH** Reg. Dist. No. 31

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly.
LENGTH OF STAY (in this place) 1 hour
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural give location) 7807 - Mansey Rd.

3. NAME OF DECEASED: (Type or Print) (First) Deborah (Middle) Karleen (Last) Moreland.

4. DATE OF DEATH: (Month) Feb (Day) 10 (Year) 1956

5. SEX: F.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Single

8. DATE OF BIRTH: 1 Oct 1953

9. AGE last birthday 2 yrs
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE

10B. KIND OF BUSINESS OR INDUSTRY: ---

11. BIRTHPLACE (State or foreign country): Delaware

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Richard E. Moreland

14. MOTHER'S MAIDEN NAME: Virginia E. Moreland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) --

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Richard E. Moreland Same as above.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Acute Atelectasis — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSE (S) DUE TO (B) Acute Laryngeal Edema — minutes

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Acute laryngo-tracheo bronchitis — 12 hours

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from , 19 , to , 19 , that I last saw the deceased alive on , 19 , and that death occurred at 6 2 AM, from the causes and on the date stated above.

SIGNATURE Max M. Herbert M.D. ADDRESS Seat Pleasant Md DATE SIGNED 2-10-1956

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 2/12/56

NAME OF CEMETERY OR CREMATORY Friendship Methodist Cem.

LOCATION (City, town, or county) (State) Friendship Md.

DATE REC'D BY LOCAL REGISTRAR 2/14/56

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS Ritchie Bros. Upper Marlboro, Md.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

On February 10 1956 at 5 A.M. I was notified that Deborah Moreland is being admitted for the treatment of an acute Laryngo-Trachea-Bronchitis. In a very short short time (about 1 hour and 2½ min) I was called you and notified that the child had expired. I have not seen the child before admission, on admission or at the time of death. The last time I attended the deceased child was on May 1955. The cause of death was determined at autopsy.

Max M Herzberg, M.D.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02082

2116 CERTIFICATE OF DEATH

Reg. Dist. No. 242

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR MEDICAL EXAMINER: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

1. PLACE OF DEATH

COUNTY PRINCE GEORGES MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chillum

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Md COUNTY Prince Georges

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chillum

STREET ADDRESS (If rural give location) 5804-14th Place

3. NAME OF DECEASED (Type or Print) (First) MAYBELLE (Middle) VERN (Last) MURRAY

4. DATE OF DEATH (Month) Feb (Day) 3 (Year) 1956

5. SEX FEMALE **6. COLOR OR RACE** WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH MAY 27 1888

9. AGE last birthday 67 yrs.

IF UNDER 1 YEAR Months Days

IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Proof Reader Ret'd Calls Mag.

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Indiana

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME HANKINS

14. MOTHER'S MAIDEN NAME Clark

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 291-10-7017

17. INFORMANT & ADDRESS Kenneth Gray 5804 14th Place, Chillum Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Arteriosclerotic Heart Disease

ANTECEDENT CAUSE(S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B)

DUE TO (C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Nephritis.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug ..., 1955, to Feb 3, 1956, that I last saw the deceased alive on Feb 3, 1956, and that death occurred at 11 A.M. P.M. from the causes and on the date stated above.

SIGNATURE Chas V. Pate M.D. **ADDRESS** (Street, city, town, state) 335 N. St. N.E. Washington D C **DATE SIGNED**

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial-Permit

DATE THEREOF 2-3-56

NAME OF CEMETERY OR CREMATORY Woodland Cem.

LOCATION (City, town, or county) (State) Dayton, Ohio

24. REC'D BY REGISTRAR DATE Feb 6-56

REGISTRAR'S SIGNATURE Carrie Campbell

25. FUNERAL DIRECTOR'S SIGNATURE J Wm Field Sons **ADDRESS** 3rd-4th NE.

2117

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02083

Reg. Dist. No. 242

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1. PLACE OF DEATH
County Prince Georges
City or town Fairmount Heights (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 16 yrs.
Hospital, institution, or street address where death occurred: 713 - 59th Place
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State Maryland County Prince Georges
City or town Fairmount Heights (If outside city or town limits, write RURAL and give nearest town)
Street No. 713 - 59th Place (If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Edna Muse

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Negro	married

6.(b) Name of husband or wife Wilton Muse
6.(c) If alive, give age 50 years
7. Birth date of deceased (mo., day, yr.) 3-4-1908

8. AGE: Years	Months	Days	If less than one day
47	11		hrs. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual occupation Domestic
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden name Lula Dungyford
15. Birthplace

16. Informant Robert William Muse
Address 5229 - Hayes St. N.E. - D.C.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 13 56 (month) (day) (year)
Cemetery or crematory Woodlawn
Location Wash. D.C.

18. Funeral director Henry S. Washington & Son
Address 467 N st N.W. Wash D.C

Feb. 22 1956 Carrie Campbell
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feby. 19 1956 at 11 40 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1947 to 2-19 1956 and that I last saw him alive on 2-17- 1956

Immediate cause of death	DURATION
Coronary Heart Attack	3 hrs.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Lewis T. Robinson, MD M. D. or other
Address 1601 Eastern Ave NE Date signed 2/19/56

02085

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

2069 CERTIFICATE OF DEATH

Reg. Dist. No. 251

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (In this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Rainier
STREET ADDRESS (If rural give location) 4304-31st Street

3. NAME OF DECEASED (Type or Print): (First) Margaret (Middle) E. (Last) Nealon
4. DATE OF DEATH: (Month) 7 (Day) 10 (Year) 1956
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow
8. DATE OF BIRTH: 4/28/72
9. AGE last birthday: 83 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: in own home
11. BIRTHPLACE (State or foreign country): Bristow, Virginia
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Martin Lynch
14. MOTHER'S MAIDEN NAME: Margaret Kehoe
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Philip Nealon

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestive Heart Failure — Interval between onset and death:

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-6, 1956 to 2/10, 1956, that I last saw the deceased alive on 2-10, 1956 and that death occurred at 11:30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) David I Klaperman ADDRESS 631 Bellevue Riverdale Md. DATE SIGNED 2/11/56

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 2/14/56
NAME OF CEMETERY OR CREMATORY: Cedar Hill
LOCATION (City, town, or county) (State): Suitland, Md.

DATE REC'D BY LOCAL REGR. Feby 13 1956
REGISTRAR'S SIGNATURE Amanda [illegible]
24. FUNERAL DIRECTOR: Phillips Funeral Home, Inc.
ADDRESS 5200 Rhode Island Ave Mt. Rainier, Md.

VS. A15
2/15/56

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02086

2118 CERTIFICATE OF DEATH

Reg. Dist. No. 243

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Glenn Dale (Rural)
LENGTH OF STAY (in this place) 19 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D.C. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural give location) % Mrs. Anne Young, 1000 bl., 10'th St., N.W.

3. NAME OF DECEASED: (Type or Print) (First) HELEN (Middle) E (Last) NOCK

4. DATE OF DEATH: (Month) 2 (Day) 25 (Year) 1956

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 11/10/18

9. AGE last birthday: 37 yrs. IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired). None

10b. KIND OF BUSINESS OR INDUSTRY: –

11. BIRTHPLACE (State or foreign country): Philadelphia, Pa.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Eddie Pollard

14. MOTHER'S MAIDEN NAME: Mary McDonald

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: Lost

17. INFORMANT & ADDRESS: Decedent

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 002X (a) Pulmonary Tuberculosis — Interval Between Onset And Death: 4 yrs

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

260X (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — 11 yrs

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-6 ....., 1956, to 2-25 ....., 1956, that I last saw the deceased alive on 2-25 ....., 1956, and that death occurred at 7:15 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Daniel Leo Finucane M.D. ADDRESS Glenn Dale Hospital DATE SIGNED 2/25/56

23. BURIAL, CREMATION, REMOVAL (Specify) Removal — DATE THEREOF 2.29.56 — NAME OF CEMETERY OR CREMATORY D.C. Morgue — LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REGISTRAR 2/26/56 — REGISTRAR'S SIGNATURE Mal Wells

24. FUNERAL DIRECTOR Daniel Leo Finucane M.D. ADDRESS Glenn Dale, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02087

2070 **CERTIFICATE OF DEATH** Reg. Dist. No. 7-1

1. PLACE OF DEATH:
COUNTY Prince George's MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 38 Cheverly
LENGTH OF STAY (In this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George's General Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Pr. George's
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) East Riverdale
STREET ADDRESS (If rural give location) 5512 Madison Street

3. NAME OF DECEASED: (Type or Print) (First) Viola (Middle) RUTH (Last) Oliver

4. DATE OF DEATH: (Month) 2 (Day) 3 (Year) 1956

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Divorced

8. DATE OF BIRTH: 1-4-1895

9. AGE last birthday 60 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) SEAMSTRESS

10B. KIND OF BUSINESS OR INDUSTRY: L. Frank Co.

11. BIRTHPLACE (State or foreign country): Indiana

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Deborah Foster

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service) None

16. SOCIAL SECURITY NO. 555-40-7184

17. INFORMANT & ADDRESS: Statistic Card

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE 420.1	(A) Bronchopneumonia	3 days
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Congestive Heart failure	3 days
	DUE TO (C) Coronary Arteriosclerotic Heart Dis.	?

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Pulmonary Emphysema — ?

19A. DATE OF OPERATION: 2

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/31, 1956, to 2/3, 1956, that I last saw the deceased alive on 2/3, 1956, and that death occurred at 12:25 P.M., from the causes and on the date stated above.

SIGNATURE Cecil Neff M. D. ADDRESS Lanham DATE SIGNED 2-3-56

23. BURIAL, CREMATION, REMOVAL (SPECIFY) CREMATION | DATE THEREOF 2/6/1956 | NAME OF CEMETERY OR CREMATORY Cedar Hill Crematory | LOCATION (City, town, or county) (State) Suitland, Pr. Geo. Co. Md.

DATE REC'D BY LOCAL REGISTRAR 2/6/56 | REGISTRAR'S SIGNATURE Catherine A. Mudd

24. FUNERAL DIRECTOR W. W. Chambers Co. ADDRESS Riverdale, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02088

CERTIFICATE OF DEATH

2071

Reg. Dist. No. 24-5

1. PLACE OF DEATH: COUNTY Pr Geo Co — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Riverdale Md — LENGTH OF STAY (in this place) 1 yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Pr Geo
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Riverdale Md
STREET ADDRESS (If rural give location) 4806 Madison St

3. NAME OF DECEASED: (First) Raymond (Middle) M (Last) O'Meara

4. DATE OF DEATH: (Month) 2 (Day) 8 (Year) 1956

5. SEX: M — 6. COLOR OR RACE: W — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M — 8. DATE OF BIRTH: 2-7-1896 — 9. AGE last birthday: 59 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired — 10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): D C — 12. CITIZEN OF WHAT COUNTRY: U S A

13. FATHER'S NAME: John D. O'Meara — 14. MOTHER'S MAIDEN NAME: Mary Martin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT'S ADDRESS: Florence K O'Meara

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Congestive Heart Failure — 6 mos.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Arteriosclerotic heart disease — Unknown

(C) —

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. —

19A. DATE OF OPERATION: — 19B. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) — 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) — 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. — 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ — 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6 Jan, 1956, to 26 Jan, 1956, that I last saw the deceased alive on 26 Jan., 1956, and that death occurred at 6.30 P.M., from the causes and on the date stated above.

SIGNATURE John Kehoe M.D. — ADDRESS Cheverly Md — DATE SIGNED 8 Feb 1956

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 2-11-56 — NAME OF CEMETERY OR CREMATORY Mt Olivet Cem — LOCATION (City, town, or county) (State) Wash D C

DATE REC'D BY LOCAL REGISTRAR Feb 9 1956 — REGISTRAR'S SIGNATURE James Devey — 24. FUNERAL DIRECTOR W T Kumpfmann & Son — ADDRESS Washington D C

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02089

CERTIFICATE OF DEATH

2072

Reg. Dist. No. 51

1. PLACE OF DEATH:
COUNTY Prince George's MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Gen Geo. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clinton
STREET ADDRESS (If rural give location) Rt 2 - Box 571

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) (Last) Owens

4. DATE OF DEATH: (Month) Feb (Day) 11 (Year) 1956

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 10-9-1885

9. AGE last birthday 70 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George W. Owens

14. MOTHER'S MAIDEN NAME: Sarah J. [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mrs L. Owens [illegible]

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Lobar Pneumonia

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Nephrosclerosis DUE TO

(C) Uremia

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from , 19 . , to . , 19 . , that I last saw the deceased alive on , 19 , and that death occurred at 6 HS 20 M, from the causes and on the date stated above.

SIGNATURE David S. Clayman M. D. ADDRESS Riverdale Md DATE SIGNED 2/11/56

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 2-13-56

NAME OF CEMETERY OR CREMATORY Washington Natl

LOCATION (City, town, or county) (State) Suitland Md.

DATE REC'D BY LOCAL REGISTRAR 2/11/56

REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR [illegible] ADDRESS 1661 Good Hope Rd SE Washington DC

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians, please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02090

2119 CERTIFICATE OF DEATH

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1 PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN N. Woodridge | LENGTH OF STAY (in this place) 15 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4626-21 St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Prince George
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Same
STREET ADDRESS (If rural give location) Same

3. NAME OF DECEASED: (Type or Print) (First) ELSIE (Middle) CORA (Last) PANZNER
4. DATE OF DEATH: (Month) Feb. (Day) 28 (Year) 1956

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	W	Married	Dec 25 1907	48 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Dist of Col
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Walter Wayson Daniels
14. MOTHER'S MAIDEN NAME: Liddie Mary Littlejohn
Same address

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Husband, Frank Panzner Same address

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
540.0 Immediate cause	(a) Coronary Occlusion	1 Hour
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Peptic ulcer acute	2 wks
	DUE TO (c) Cerebral arteriosclerosis, chronic	3-4 yrs

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) None
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 5, 1941, to Feb. 28 1956, that I last saw the deceased alive on Feb 25 1956 and that death occurred at 4:45 P.M. from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Leo C. Dewey M.D. 1629 Columbia Rd NW Washington D.C. Feb. 28, 1956

23. BURIAL, CREMATION, REMOVAL. (Specify) Burial
DATE THEREOF 3/3/56
NAME OF CEMETERY OR CREMATORY Cedar Hill Cem
LOCATION (City, town, or county) (State) Prince Geo Co Md

DATE REC'D BY LOCAL REGISTRAR Feb 29 1956
REGISTRAR'S SIGNATURE James Dewey
24. FUNERAL DIRECTOR The S. H. Hines Co
ADDRESS 2901-14th St Washington D.C.

VS. A15

2073

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02091 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 11

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 4622 - Clay St NE.

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) (Last) Parker

4. DATE OF DEATH (Month) (Day) (Year) 2 - 6 - 1956

5. SEX: F

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: - - 1918

9. AGE last birthday: 37 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY: Home Work

11. BIRTHPLACE (State or foreign country): North Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: 1122 - 49 Capl N.E. Henry Parker Wash. D.C. (Son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) DUE TO: Cerebral compression

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO: Intracranial hemorrhage

(c) Cerebellar hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 2

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John J. Maloney (Hyattsville, Md) M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒
DATE SIGNED 2-7-56

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 2-9-56
NAME OF CEMETERY OR CREMATORY Maryland Memorial Park
LOCATION (City, town, or county) (State) Hyattsville Md.

DATE REC'D BY LOCAL REG. 2/8/56

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Henry L. Washington & Son
ADDRESS 467 N St. N.W.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02092

2074 CERTIFICATE OF DEATH

Reg. Dist. No. 5 51

1. PLACE OF DEATH.
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Riverdale, Md.
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
STREET ADDRESS (If rural give location) 107 Southampton dr.

3. NAME OF DECEASED: (Type or Print) (First) Eva (Middle) MARIE (Last) Parr

4. DATE OF DEATH: (Month) Feb (Day) 16 (Year) 1956

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):

8. DATE OF BIRTH: 12/15/1900

9. AGE last birthday 55 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life. Do not report retired): Sales Clerk

10B. KIND OF BUSINESS OR INDUSTRY: Dept. Store

11. BIRTHPLACE (State or foreign country): Penna

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Jenkins

14. MOTHER'S MAIDEN NAME: Myra

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or Unk.) No (If Yes, give war or dates of service) None

16. SOCIAL SECURITY NO. —

17. INFORMANT & ADDRESS: Doris Parker (Daughter) 107 Southampton dr. S.S. Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Carcinoma of Cervix c metastases

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B)

DUE TO (C)

INTERVAL BETWEEN ONSET AND DEATH: ± 1 yr

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-5, 1955 to 2-16, 1956, that I last saw the deceased alive on 2-16, 1956, and that death occurred at 11:40 P M, from the causes and on the date stated above.

SIGNATURE Arnold J Lear M.D. ADDRESS Hyattsville Md. DATE SIGNED 2/17/56

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 2/20/56

NAME OF CEMETERY OR CREMATORY Wash. National

LOCATION (City, town, or county) (State) Suitland Md.

DATE REC'D BY LOCAL REGISTRAR 2/18/56

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS W.W. Chambers Co. 1400 Chapin St NW

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

2075

Reg. Dist. No. 02093

1. PLACE OF DEATH
a. COUNTY Prince Georges — MARYLAND
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly Md
c. LENGTH OF STAY IN 1b 1 wk
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Prince Georges Gen. Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MD — b. COUNTY AA
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Deale
d. STREET ADDRESS
e. IS RESIDENCE ON A FARM? YES ☐ NO ☐

3. NAME OF DECEASED (Type or print) First IRA Middle [illegible] Last SHOAFF Phipps
4. DATE OF DEATH Month Feb Day 25 Year 1956
5. SEX M
6. COLOR OR RACE W
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Aug 9 1878
9. AGE (In years last birthday) 78 yrs
IF UNDER 1 YEAR: Months — Days
IF UNDER 24 HRS.: Hours — Mins

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WATERMAN
10b. KIND OF BUSINESS OR INDUSTRY oystering
11. BIRTHPLACE (State or foreign country) Deale, Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME William Phipps
14. MOTHER'S MAIDEN NAME IDA EVANS

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. none
17. INFORMANT Address Jennie Phipps Deale Md

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Embolism — INTERVAL BETWEEN ONSET AND DEATH 4 days
DUE TO
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
(b) Coronary Occlusion — 2 days
DUE TO
(c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year 19
20d. INJURY OCCURRED While at work ☐ Not while at work ☐
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
20f. (City or town) (County) (State)

21. I certify that I attended the deceased from 2-18, 1956, to 2-25, 1956, that I last saw the deceased alive on 2-25, 1956, and that death occurred at 9:20 M, from the causes and on the date stated above.

ACTUAL SIGNATURE R B Sasser M.D. ADDRESS (Street, city or town, state) Upper Marlboro Md DATE SIGNED 2-28-56

PHYSICIAN'S NAME (Type) Robert Sasscer

22a. BURIAL, CREMATION, REMOVAL (Specify) Burial
22b. DATE THEREOF 2/29/56
22c. NAME OF CEMETERY OR CREMATORY St James
22d. LOCATION (City, town, or county) (State) Tracys Md

23. FUNERAL DIRECTOR'S SIGNATURE Bernard Hardesty ADDRESS Galesville Md
24a. REC'D BY REGISTRAR DATE Feb 27, 1956
24b. REGISTRAR'S SIGNATURE [illegible]

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After the certificate has been signed by the attending physician and completed in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Item 9, Film 193 2-23-56 et

2076

CERTIFICATE OF DEATH

02094

Reg. Dist. No. .....

1. PLACE OF DEATH:
COUNTY Prince George's MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chandler md
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George's
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park.
STREET ADDRESS (If rural give location) 6515 Westmoreland Ave

3. NAME OF DECEASED: (Type or Print) (First) Edith (Middle) (Last) Fellers

4. DATE OF DEATH: (Month) Feb (Day) 2 (Year) 1956

5. SEX: Female 6. COLOR OR RACE: White 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married 8. DATE OF BIRTH: 27 Mar 1883 9. AGE last birthday 72.72 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hse. 10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James B Hood

14. MOTHER'S MAIDEN NAME: Lelia Vanner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: William Fickeln 6515 Westmoreland Takoma Park

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

411X IMMEDIATE CAUSE (A) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Calcific Aortic Stenosis — ?

DUE TO (C) Chronic Rheumatic Heart Disease — ?

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [1] NO [ ]

21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work [ ] Not while at work [ ]

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... , 19.... , to . , 19 . , that I last saw the deceased alive on Feb. 2, 1956, and that death occurred at 11 25 PM, from the causes and on the date stated above.

SIGNATURF David A. Caverman M. D. ADDRESS Rockville Md DATE SIGNED 2/3/56

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Feb 6 1956 — NAME OF CEMETERY OR CREMATORY Colesville meth church cemetery — LOCATION (City, town, or county) (State) Woodside Silver Spring Md.

DATE REC'D BY LOCAL REGISTRAR Feb 7 1956 — REGISTRAR'S SIGNATURE Amanda L Bucey — 24. FUNERAL DIRECTOR Deal Funeral Home — ADDRESS 4812 Mass Ave NW DC

2/8/56

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

2077

02095

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 231

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:

COUNTY Prince Georges — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly

LENGTH OF STAY (In this place) 30a.

HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Va — COUNTY Henrico

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Richmond

STREET ADDRESS (If rural, give location) 5107 - Cofson Road

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Robert	Clyde	Poyner	2-26		1956

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Married	Oct. 21, 1896	59 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Records Supervisor	Automobile	Baltimore, Md	U S A

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Ernest Poyner	Sarah Knowles

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
	225-07-8369	Wife - Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Acute congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Cardiovascular renal disease

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town)	(County)	(State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☒ Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John J. Maloney (Hyattsville, Md) M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 2-26-56

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Transportation	2/29/56	Norfolk	Va

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/27/56	[illegible]	J. Fasciano & Son	Hyattsville Md

2078

02096
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN N. Brentwood
LENGTH OF STAY (In this place) 5 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3915 Windom Rd

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Pr. Geo.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN N. Brentwood
STREET ADDRESS (If rural, give location) 3915 Windom Rd.

3. NAME OF DECEASED: (Type or Print) (First) Haywood (Middle) Zollie (Last) Pulley
4. DATE OF DEATH (Month) 2 (Day) 9 (Year) 1956

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):	8. DATE OF BIRTH	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	Colored	Married	3-11-21	34 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Clerk	P.O. Dept	N. Carolina	U.S.A.

13. FATHER'S NAME: Zollie Pulley
14. MOTHER'S MAIDEN NAME: Madge Parrish

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
		Wife - 1251 Irving St., N.W., Wash. D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) ..... DUE TO Hemorrhage & shock

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) .. DUE TO Lacerated wounds of neck.

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY Home	21c. (City or town) (County) (State) N. Brentwood - Pr. Geo. - Md.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR?
2-9-56 ? M.		Self inflicted wounds with broken drinking glass.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒ Homicide ☐, Undetermined cause ☐.

SIGNATURE John D. Maloney (Hyattsville, Md) M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 2-9-56.

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	2/10/56	1432 York St NW	Washington DC

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb 10 1956	Mrs. Jas. Lenore Deputy. Wash. D.C.	W E Jarvis Funeral Home	

VS. A15A - 5 - 53

1

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After certificate has been signed by the attending physician and completed, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS A15 (4)
15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2079

CERTIFICATE OF DEATH

02097

Reg. Dist. No. 8

1. PLACE OF DEATH
a. COUNTY: Prince Georges — MARYLAND
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Cheverly
c. LENGTH OF STAY IN 1b: 17 days
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION: Prince Georges General Hospital

2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)
a. STATE: Maryland — b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Greenbelt
d. STREET ADDRESS: 2K- GARDENWAY
e. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (Type or print): First: Paul — Middle: WELLER — Last: Reed

4. DATE OF DEATH: Month: 2 — Day: 29 — Year: 1956

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 9-14-1919

9. AGE (In years last birthday): 36 yrs

IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ELECTRONIC ENGINEER

10b. KIND OF BUSINESS OR INDUSTRY: Engineer

11. BIRTHPLACE (State or foreign country): West Virginia

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: PAUL WELLER REED

14. MOTHER'S MAIDEN NAME: MARGARET G. SHUGART

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): NONE

16. SOCIAL SECURITY NO.: 578-12-8299

17. INFORMANT: Statistical Card — Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a): Traumatic Intracerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs

DUE TO (b): Ruptured Vessel — 12 hrs

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

DUE TO (c): Fracture of Skull Resulting

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Pulmonary Embolus

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY: Hour a. m. p. m. — Month, Day, Year 19

20d. INJURY OCCURRED: While at work ☐ Not while at work ☐

20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

20f. (City or town) (County) (State)

21. I certify that I attended the deceased from 2/17, 1956, to 2/25, 1956, that I last saw the deceased alive on 2/29, 1956, and that death occurred at 12:25 P.M., from the causes and on the date stated above.

ACTUAL SIGNATURE: Paul Schwartzbach M.D. — ADDRESS (Street, city or town, state): 1211 Eye St. NW — DATE SIGNED

PHYSICIAN'S NAME (Type): PAUL SCHWARTZBACH — Washington, DC

22a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

22b. DATE THEREOF: 3/3/1956

22c. NAME OF CEMETERY OR CREMATORY: OLD DURHAM BAPTIST CHURCH

22d. LOCATION (City, town, or county) (State): LEWISDALE, CHARLES Co. MD

23. FUNERAL DIRECTOR'S SIGNATURE: W. B. Chamberlain Co. — ADDRESS: Waldorf MD

24a. REC'D BY REGISTRAR DATE: 3/5/56

24b. REGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH

02098

2411 N. Charles Street, Baltimore

2120

CERTIFICATE OF DEATH

Reg. Dist. No. 342

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Seat Pleasant | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Seat Pleasant
STREET ADDRESS 6701 F St. (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Susie (Middle) (Last) Roach
4. DATE OF DEATH: (Month) Feb. (Day) 23 (Year) 1956

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH: 10/5/1873 | 9. AGE last birthday: 82 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10b. KIND OF BUSINESS OR INDUSTRY: Own home | 11. BIRTHPLACE (State or foreign country): Charlotte Co., Va. | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Leisie Wesley Hamlett | 14. MOTHER'S MAIDEN NAME: Sallie Jennings

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. None | 17. INFORMANT: Mrs. Luther Roach

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Uremia — 6 mos.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral Thrombosis — 6 mos.
(b) Generalized Arteriosclerosis — Unknown

(c) Doctor

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/1/55, 19..., to 2/22, 19..., that I last saw the deceased alive on 2/23, 19..., and that death occurred at 5:55 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Glen T. Lynn M.D. 5241 St. Barnabas Rd. SE 2/23/56

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)
Interment | 2/23/56 | Oakview Cemetery | Oxon Hill, Md.

DATE RECD BY LOCAL REGR. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR ADDRESS
Feby 23 1956 | Carrie Campbell | Greer Funeral Home
2847 Wilson Blvd, Arlington, Va.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02099

2080 **CERTIFICATE OF DEATH** Reg. Dist. No. 231

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place) 4 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6000 Euclid St

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
STREET ADDRESS (If rural give location) 6000 Euclid St Prince Georges County

3. NAME OF DECEASED. (Type or Print) (First) Mary (Middle) Fisher (Last) Robinson

4. DATE OF DEATH: (Month) Feb (Day) 5, (Year) 1956

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): widowed

8. DATE OF BIRTH: June 1, 1878

9. AGE last birthday 77 yrs. IF UNDER 1 YEAR Months IF UNDER 24 HRS. Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: self

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS: Comly B S Robinson Cheverly Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Coron Pneumonia

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Cerebral Arterio-

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-4, 1950, to 2-5, 1956, that I last saw the deceased alive on 2-4, 1956, and that death occurred at 1:30 P M, from the causes and on the date stated above.

SIGNATURE [signature] M. D. ADDRESS Hyattsville Md DATE SIGNED 2-7-56.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF Feb 8, 1956

NAME OF CEMETERY OR CREMATORY Fort Lincoln Cemetery

LOCATION (City, town, or county) Colmar Manor Md. (State)

DATE REC'D BY LOCAL REGISTRAR Feb 8 1956

REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR F. Gasch's Sons Hyattsville

ADDRESS Maryland.

02100

Item 14, Film 195 2-27-56 et

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2121 CERTIFICATE OF DEATH

Reg. Dist. No. 242

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Forest Heights
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forest Heights
STREET ADDRESS (If rural, give location) 111 Sackem Drive

3. NAME OF DECEASED: (Type or Print) (First) Effie (Middle) C. (Last) Ryon

4. DATE OF DEATH: (Month) Feb (Day) 17 (Year) 1956

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: May 16 1871

9. AGE last birthday 84 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Anne V. Hardy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S ADDRESS: Rowland R. Ryon 111 Sackem Dr.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 3 wks

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO Arteriosclerotic Heart Disease — 5 yr.

(C) Generalized Arteriosclerosis — 15 yr.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-24, 1951, to 2-17, 1956 that I last saw the deceased alive on 2-17, 1956, and that death occurred at 1:00 P M, from the causes and on the date stated above.

SIGNATURE Frank J. Pellegrini M.D. ADDRESS 3409 Alabama Ave S.E. Wash. D.C. DATE SIGNED 2-17-56

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: 2-20-56 — NAME OF CEMETERY OR CREMATORY: Congressional — LOCATION (City, town, or county) (State): Washington D.C.

DATE REC'D BY LOCAL REGISTRAR: Feb. 18, 56 — REGISTRAR'S SIGNATURE: Carrie Campbell

24. FUNERAL DIRECTOR: J. William Lee & Co. — ADDRESS: 300 4½ St. N.W. Wash. D.C.

2981

02101 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 23

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 5-6 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 9413 - Harford Road.

3. NAME OF DECEASED: (Type or Print) (First) Peggy (Middle) (Last) Schmick

4. DATE OF DEATH (Month) 2 (Day) 7 (Year) 1956

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White	Married	11-24-31	24 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Teacher -	Public Schools	Virginia	U.S.A

13. FATHER'S NAME: Joseph Neal Pugh
14. MOTHER'S MAIDEN NAME: Mamie Cluff

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
		Hospital Records-

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Hemorrhage & shock	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Crushed chest and Bilateral Cerebral Contusions	
	DUE TO (c)	Automobile accident	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY?
O		Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, place bldg., etc.) INJURY Street	21c. (City or town) Laurel	(County) Pr. Geo.	(State) Md.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR?
2-4-56-8.30 P.M.		

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John D. Maloney (Hyattsville, Md) M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 2-7-56

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	2-9-56	Graham Cemetery	Orange	Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb 7. 1956		F. GASCH'S SONS, HYATTSVILLE, MD.	Hyattsville, Md.

2082

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02102 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 239

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
LENGTH OF STAY (in this place) 23 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 501-4th Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Pr. Geo
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Laurel.
STREET ADDRESS (If rural, give location) 501-4th Street.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Michael	Gower	Scott	2-8-1956

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married	2-1-1883	72 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Retired	U.S. Army	Georgia	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Yes — WW I		Margaret M. Scott - Same address.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a) DUE TO	Hemorrhage & shock	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	Gunshot wound of head.	
	(c)		

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town)	(County)	(State)
	Home	Laurel	Pr. Geo	Md

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR?
2-8-56 4.55 P.M.		Self inflicted

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒ Homicide ☐, Undetermined cause ☐.

SIGNATURE M. D. John J. Maloney (Hyattsville, Md)
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 2-8-56

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2/13/56	Arlington National Cemetery	Arlington Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
FEB 10-56	M. Brashears	Talbott Woodward	Laurel Md.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2983 **CERTIFICATE OF DEATH**

02103
Reg. Dist. No. 245

1. PLACE OF DEATH
a. COUNTY: Prince Georges — MARYLAND
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Riverdale
c. LENGTH OF STAY IN 1b: 3 hrs.
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION: Leland Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
a. STATE: Md
b. COUNTY: Pr. Geo.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Laurel, Maryland
d. STREET ADDRESS: Route 2 Box 156 A
e. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (Type or print): First: Baby — Middle: Boy — Last: Scruggs

4. DATE OF DEATH: Month: Feb. — Day: 22 — Year: 1956

5. SEX: Male

6. COLOR OR RACE: Wh

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: Feb. 22, 1956

9. AGE (In years last birthday): ___ yrs. — IF UNDER 1 YEAR: Months —, Days —; IF UNDER 24 HRS.: Hours 3, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert L. Scruggs

14. MOTHER'S MAIDEN NAME: Gladys Nellie Dollins

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Hosp. Records — Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Prematurity
DUE TO
(b): Premature Separation of Placenta,
DUE TO
(c): at 23 wks. gestation.

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY: Hour ___ a. m. p. m. — Month, Day, Year 19

20d. INJURY OCCURRED While at work ☐ Not while at work ☐

20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

20f. (City or town) (County) (State)

21. I certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 3:45 AM, from the causes and on the date stated above.

ADDRESS (Street, city or town, state) — DATE SIGNED

ACTUAL SIGNATURE: C. J. Hommann M.D.

PHYSICIAN'S NAME (Type)

22a. BURIAL, CREMATION, REMOVAL (Specify): Burial

22b. DATE THEREOF: Feb 23, 1956

22c. NAME OF CEMETERY OR CREMATORY: Evergreen Cemetery

22d. LOCATION (City, town, or county) (State): Bladensburg, Md.

23. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: F. Gasch's Sons Hyattsville Maryland.

24a. REC'D BY REGISTRAR DATE: 4.23.1956

24b. REGISTRAR'S SIGNATURE: Mrs. Jas. Devere

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After the certificate has been signed by the attending physician and completed, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS A15 (4)
15M 9/55

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2984 — 2411 N. Charles Street, Baltimore — 02104

CERTIFICATE OF DEATH

Reg. Dist. No. 2-21

tem 7, Fil-0192 2-16-56 et

1. PLACE OF DEATH: COUNTY Prince Georges — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly — LENGTH OF STAY (In this place) 3 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Rainier
STREET ADDRESS (If rural give location) 4510 - 31st. street

3. NAME OF DECEASED (Type or Print): (First) Pauline (Middle) Fletcher (Last) Shipley
4. DATE OF DEATH: (Month) 2 (Day) 9th (Year) 1956

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	white	Married	June 19 1900	55 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House work
10b. KIND OF BUSINESS OR INDUSTRY: At home
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Gray
14. MOTHER'S MAIDEN NAME: Augusta Smallwood

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Carroll L. Shipley - Husband

18. MEDICAL CERTIFICATION

19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocardial Infarct	3 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Insufficiency	1 week
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1954, to Feb 9, 1956, that I last saw the deceased alive on Feb 9, 1956, and that death occurred at 1 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Benjamin S. Miller	M.D.	Mt. Rainier	Feb. 9 1956

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2/11/56	Cedar Hill	Suitland, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/14/56	[illegible]	Robert A. Mattingly	131 11th St. N.E. Washington, D.C.

2122

02105
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 237

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH: COUNTY Prince georges MARYLAND
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Croome
LENGTH OF STAY (in this place) 4 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rural

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Croome
STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Jannie (Last) Shotwell

4. DATE OF DEATH: (Month) 2 (Day) 24 (Year) 1956

5. SEX: female

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: May 13, 1910

9. AGE last birthday: 45 xxxx yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Farm Tenent

11. BIRTHPLACE (State or foreign country): North Carolina

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: James Briggs

14. MOTHER'S MAIDEN NAME: Nannie Harris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Irene Riley, Croome, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Acute congestive heart failure	
	DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	Cardiovascular renal disease	
	DUE TO		
	(c)		

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John F. Danner M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 2-24-56

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 2/27/56
NAME OF CEMETERY OR CREMATORY: Theresa Babtist Church
LOCATION (City, town, or county) (State): Cemetery- Chub Lake, N.C.

DATE REC'D BY LOCAL REG.: Feb 25 1956
REGISTRAR'S SIGNATURE: John F Danner

24. FUNERAL DIRECTOR ADDRESS: Ritchie Bros. Upper Marlboro, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02106

2123

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH:

County: Pr. Geos Co

City or town: Carmody Hills
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4 months

Hospital, institution, or street address where death occurred: 212 Carmody Hills Drive

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Pa. County: Cambria

City or town: Mundays Corner
(If outside city or town limits, write RURAL and give nearest town)

Street No.: 7
(If rural, give LOCATION)

2.(a) If veteran, name war:

3.(a) FULL NAME: Jacob Benjamin Simmons

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Rachel Simmons

6.(c) If alive, give age: 76 years

7. Birth date of deceased (mo., day, yr.): Jan 24 1876

8. AGE: Years: 80 | Months: | Days: | If less than one day: hrs. min.

9. Birthplace: CAMBRIA Co. Pa. (Town, county, and state)

10. Usual occupation: Blacksmith

11. Industry or business: Own Shop

MOTHER FATHER

12. Name: Joel Simmons

13. Birthplace: CAMBRIA Co. Pa

14. Maiden name: Nannah Wagner

15. Birthplace: CAMBRIA Co. Pa

16. Informant: Mrs Roberta Myers

Address: 212 Carmody Hills Drive NE. Wash 27. D.C

17. (Burial, cremation, or removal) Which? Date thereof (month) (day) (year)

Cemetery or crematory: Pike Brethren Church Cemetery

Location: Jackson Township, Pa

18. Funeral director: J. William Lee & Sons

Address: 300-4th St. NE Washington, DC.

19. Feb 29 1956 (Date rec'd by registrar) Carrie Campbell. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 29 1956, at 7:33 M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Feb 1st 1956, to Feb 29 1956

and that I last saw him alive on Feb 28 1956

Immediate cause of death	DURATION
Congestive Heart Failure	1 week
Due to: Arteriosclerotic Heart Disease	2 Years (History)
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: W. Kirt Ritchie MD.

Address: 7005 Ritchie Rd SE Wash 27 D.C. M. D. or other

Date signed: 2/29/56

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2085 CERTIFICATE OF DEATH

Reg. Dist. No. 02107 345

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly, Md.
LENGTH OF STAY (in this place) 2 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George's Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED. STATE Maryland COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dosue, Maryland
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Thomas (Middle) A. (Last) Slye

4. DATE OF DEATH: (Month) Feb. (Day) 10, (Year) 1956

5. SEX: M

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 3/4/67

9. AGE last birthday 88 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CARPENTER

10B. KIND OF BUSINESS OR INDUSTRY: Ret.

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: BARRet SLye

14. MOTHER'S MAIDEN NAME: Unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Regay Slye

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

X IMMEDIATE CAUSE (A) Probably uremia — INTERVAL BETWEEN ONSET AND DEATH 11-16-55

ANTECEDENT CAUSE (S) DUE TO (B) Prostate hypertrophy stricture of urethra adult urinary retention — 2-10-56

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Senility, Arteriosclerosis

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 11-17-55.

19B. MAJOR FINDINGS OF OPERATION: supra pubic cystostomy

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 16, 1955 to 2-10, 1956, that I last saw the deceased alive on 2-10, 1956, and that death occurred at 3:50 P.M., from the causes and on the date stated above.

SIGNATURE R. R. Chiros M. D. ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF 2/15/56

NAME OF CEMETERY OR CREMATORY: Holy Ghost

LOCATION (City, town, or county) (State): Dosue, Md

DATE REC'D BY LOCAL REGISTRAR 2/13/56

REGISTRAR'S SIGNATURE [redacted]

24. FUNERAL DIRECTOR ADDRESS: Hurst Funeral Home, Waldorf, Md

MARYLAND STATE DEPARTMENT OF HEALTH

02108

2411 N. Charles Street, Baltimore

2086 CERTIFICATE OF DEATH

Reg. Dist. No. 239

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Prince George. CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel. MARYLAND. LENGTH OF STAY (in this place) LIFE. HOSPITAL OR INSTITUTION OR STREET ADDRESS 39 A. St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Prince Georges. CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel. STREET ADDRESS (If rural, give location) 39 A St

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) (Last) SMITH

4. DATE OF DEATH: (Month) Feb (Day) 8 (Year) 1956

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Feb 28 1879

9. AGE last birthday: 76 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABOR On FARM

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): A, A County Near Laurel MD

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: William SMITH

14. MOTHER'S MAIDEN NAME: LOUISE SIMONS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service)

16. SOCIAL SECURITY No. None.

17. INFORMANT AND ADDRESS: GEORGE SMITH A+H APT LAUREL

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
X Immediate cause (a)	Pulmonary edema	2 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Carcinoma of colon, with metastases	5 years
(c)		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus 10 yrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 11, 1955 to Feb 7, 1955, that I last saw the deceased alive on Feb 7 (6 PM), 1956, and that death occurred at 3AM Feb 8, 56 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Frank V. Weaver, MD Laurel, Md Feb 8, 1956

23. BURIAL, CREMATION, REMOVAL (Specify) Burial. DATE Feb 11 1956. NAME OF CEMETERY OR CREMATORY Ivy Hill. LOCATION (City, town, or county) Laurel (State) Md.

DATE REC'D BY LOCAL REG. Feb 10 - 56. REGISTRAR'S SIGNATURE M. Bradshaw.

24. FUNERAL DIRECTOR ADDRESS Ridgely Kelly 410 Washington Laurel Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2040 **CERTIFICATE OF DEATH**

02109
Reg. Dist. No. 245

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mt Rainier
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mt. Rainier
STREET ADDRESS (If rural give location) 3302 Chauncey Place

3. NAME OF DECEASED: (Type or Print) (First) Paul (Middle) Revers (Last) Snyder
4. DATE OF DEATH: (Month) Feb. (Day) 12TH (Year) 1956

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8 DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	April 18, 1903	52 yrs.				

10A USUAL OCCUPATION (Give kind of work done during most of working life. Never retired)	10B KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Manager Pet Shop, Govt. Hunting Office		York Pa	U.S.A.

13. FATHER'S NAME: Clarence Snyder
14. MOTHER'S MAIDEN NAME: Mary Everhart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	If Yes, give war or dates of service	16. SOCIAL SECURITY NO.	17. INFORMANT'S ADDRESS
No	None	187-09-9839	Martha Snyder 3302 Chauncey Pl. Mt Rainier Md

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
420.1 IMMEDIATE CAUSE	(A) CORONARY THROMBOSIS	FEW MINUTES
ANTECEDENT CAUSE (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) CORORARY SCLEROSIS	6 YEARS
	DUE TO (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21E INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/27, 1954, to 2/12, 1956, that I last saw the deceased alive on 1/25, 1956, and that death occurred at 11:50 PM, from the causes and on the date stated above.

SIGNATURE J C Bowman M. D. ADDRESS 4021-18th St N.E. Washington, D.C. DATE SIGNED 2/13/56

23 BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2-14-56		York, York County Pa.

DATE REC'D BY LOCAL REGISTRAR Feb 13 1956 REGISTRAR'S SIGNATURE James Devery

24. FUNERAL DIRECTOR W. W. Chambers Co. ADDRESS Riverdale Md.

Dr Maloney Ref. medical Examiner
was notified + will approve
Dr J. E. Bowman.
FSS-

2124

02110

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 246

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:

COUNTY Prince George's — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Croome

LENGTH OF STAY (in this place) 35 yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Prince George's

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Croome

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Melissa (Middle) Elizabeth (Last) Stamp

4. DATE OF DEATH (Month) (Day) (Year) February 3 19 56

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	May 18, 1888	67 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Maryland	U. S. A.

13. FATHER'S NAME: Frank Bryant

14. MOTHER'S MAIDEN NAME: Cora Ogle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No		Cora E. Kazey, West Hyattsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Hemorrhage and shock	
DUE TO			
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	Gun shot wound of the head	
	(c)		

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY Home	21c. (City or town) Croome (County) Prince George's (State) Md.
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 2 3 56 8 M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR? Shot self with a rifle

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 2/5/56

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2/6/56	Brookfield Cemetery	Naylor Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb. 12/56	F H Billingsley	Ritchie Bros.	Upper Marlboro, Md.

02111

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

2036 **CERTIFICATE OF DEATH**

Reg. Dist. No. 245

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN West Hyattsville | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2403 Woodberry St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN West Hyattsville Md.
STREET ADDRESS (If rural, give location) 2403 Woodberry St

3. NAME OF DECEASED (Type or Print): (First) EMMA (Middle) JANE (Last) STEVENS

4. DATE OF DEATH (Month) (Day) (Year): Feb 20 1956

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Sept 7 1864

9. AGE last birthday: 91 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Pa.

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: William Reece

14. MOTHER'S MAIDEN NAME: Mary Metzger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: No

17. INFORMANT AND ADDRESS: Maynard Metzger 2403 Woodberry St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Congestive Heart Failure — Interval Between Onset and Death: 24 hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Heart disease

(c) Generalized arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 16, 1956, to Feb 20, 1956, that I last saw the deceased alive on Feb. 19, 1956, and that death occurred at 1 A. m., from the causes and on the date stated above.

SIGNATURE: M.F. Allman M.D. (Degree or title) ADDRESS: 401 Kennedy St NW Wash. DC DATE SIGNED: 2/20/56

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Feb 24 1956 | NAME OF CEMETERY OR CREMATORY: Forest Hill | LOCATION (City, town, or county) (State): Scranton Pa.

DATE REC'D BY LOCAL REG'R: Feb 21 1956 | REGISTRAR'S SIGNATURE: Mrs. Jas. Lowe Deputy

24. FUNERAL DIRECTOR: Deal Funeral Hom | ADDRESS: 4812 Baltimore Ave

2087

02112
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. ...

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Riverdale
LENGTH OF STAY (in this place) 8 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Prince Georges
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) 8008- 24th Avenue

3. NAME OF DECEASED: (Type or Print) (First) Raymond (Middle) George (Last) Stoner

4. DATE OF DEATH (Month) 2 (Day) 11 (Year) 1956

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	4-11-14	41 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Mail Carrier	U.S. Post Off.	Wyoming	U.S.A.

13. FATHER'S NAME: Ezra Stoner

14. MOTHER'S MAIDEN NAME: Mary Swann

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
WW II		Hospital Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) ...	...
	DUE TO	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Cerebral contusion + concussion	...
	DUE TO	
	(c) Comminuted fracture of skull bone	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. .....

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☒ No ☐
2-11-56	Fracture	

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY	21c. (City or town) (County) (State)
	Street	Wash., D.C.

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR?
2-9-56; 11.05 P.M.		Driver of auto. in collision with 2 other autos

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John J. Maloney (Hyattsville, Md) M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒
DATE SIGNED 2-12-56

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2-15-56	Arlington Meml. Gardens	Lanham, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/13/56	Mrs. Jas. Severs Deputy	[illegible]	3rd & F Sts. Wash. D.C.

S. A15A - 5 - 53

This body released to District Authorities who will conduct their own investigation.

J. D. Maloney, M.D.

Feb 12 – This is officially our case # death as investigated by A.M.E. of the Metropolitan Police Dept. body released

C. [illegible]

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2125 **MEDICAL EXAMINER'S CERTIFICATE OF DEATH**

03211

Reg. Dist. No.

1. PLACE OF DEATH
a. COUNTY Prince George's MARYLAND
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Upper Marlboro
c. LENGTH OF STAY IN 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Maryland b. COUNTY Prince George's
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baden
d. STREET ADDRESS
e. IS RESIDENCE ON A FARM? YES ☐ NO ☐

d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Old Marlboro Road

3. NAME OF DECEASED (Type or print) First: Raymond Middle: [illegible] Last: Carlton

4. DATE OF DEATH Month: Feb Day: 27 Year: 1956

5. SEX: Male

6. COLOR OR RACE: Colored

7. MARRIED ☐ NEVER MARRIED ☑ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH

9. AGE (In years last birthday) 49 yrs.

IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Unknown

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Address: Juanita Wilkins, Baden, Md

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH

DUE TO (b) Bronchopneumonia — 3 days

DUE TO (c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

427 X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑

20a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year 19

20d. INJURY OCCURRED While at work ☐ Not while at work ☐

20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

20f (City or town) (County) (State)

21. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

ACTUAL SIGNATURE James J. Floyd M.D.

EXAMINER'S NAME (Type)

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☑

DATE SIGNED 2-27-56

22a. BURIAL, CREMATION, REMOVAL (Specify) Embalmed stored

22b. DATE THEREOF 2 28 56

22c. NAME OF CEMETERY OR CREMATORY Univ. of Md. Medical School

22d. LOCATION (City, town, or county) (State) Baltimore Md

23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS

24a. REC'D BY REGISTRAR DATE MAR 2 1956

24b. REGISTRAR'S SIGNATURE L. H. Aldrich

TO DEPUTY MEDICAL EXAMINER: This certificate shall be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation, or removal.

VS. A15ME(5)
5M 9/55

2088

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02113 Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No: 51

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) D.O.A
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Prince Geo.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Cedar Heights
STREET ADDRESS (If rural, give location) 915 - 62nd Place.

3. NAME OF DECEASED: (Type or Print) (First) Carrie (Middle) Gertrude (Last) Thomas
4. DATE OF DEATH: (Month) 2 (Day) 20 (Year) 1956

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Wid.
8. DATE OF BIRTH: 1888?
9. AGE last birthday: 67 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Andrew Smith
14. MOTHER'S MAIDEN NAME: Lillian —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Helen Parker, 6102 H. St. - Fairmount Hts

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) ... Cerebrovascular accident — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) .... Cardiovascular renal disease.

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Diabetes Mellitus

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY
21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John J. Maloney (Hyattsville Md) M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒
DATE SIGNED 2-20-56

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE THEREOF 2/20/56.
NAME OF CEMETERY OR CREMATORY Stewart Funeral Home
LOCATION (City or town) (County) Washington D.C. (State)

DATE REC'D BY LOCAL REG. 2/20/56
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR F. Peschasone
ADDRESS Hyattsville, Md.

VS. A15A - 5 - 53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02114

2037 **CERTIFICATE OF DEATH** Reg. Dist. No. 2-45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
LENGTH OF STAY (in this place) 1½ yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7976 Rigg Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) 7976 Rigg Road

3. NAME OF DECEASED: (Type or Print) (First) DONN (Middle) H (Last) THOMAS

4. DATE OF DEATH: (Month) Feb. (Day) 16 (Year) 1956

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: June 21, 1909

9. AGE last birthday: 46 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Public Relations

10b. KIND OF BUSINESS OR INDUSTRY: Church Work

11. BIRTHPLACE (State or foreign country): Morris, Illinois

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Ralph B. Thomas

14. MOTHER'S MAIDEN NAME: Edna Burmester

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Margaret C Thomas; 7976 Rigg Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Inanition	1 wk.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Seminoma, R. testicle with metastases	18½ mos.
	(c) DUE TO to Mediastinum, Lungs and Liver	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: July 1954

19b. MAJOR FINDINGS OF OPERATION: Seminoma, R. testes without evident metastases.

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-17, 1955, to 2-15, 1956, that I last saw the deceased alive on 2-15, 1956, and that death occurred at 12 55 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS Edmund L. Burnett MD. 7701 Carroll Ave. Takoma Park, Md. — DATE SIGNED 2-16-56

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF Feb. 19. 1956 — NAME OF CEMETERY OR CREMATORY George Washington Cemetery — LOCATION (City, town, or county) (State) Prince George Co. Md

DATE REC'D BY LOCAL REG. Feby 16 1956 — REGISTRAR'S SIGNATURE Mrs. Jas. Devere, Deputy — **24. FUNERAL DIRECTOR** J. Arthur Walters — ADDRESS 254 Carroll Ave TPK

LOC

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2089 CERTIFICATE OF DEATH

02116

Reg. Dist. No. .....

1. PLACE OF DEATH

COUNTY Prince George's — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly

LENGTH OF STAY (in this place) 3 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George's General Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY Pr. Geo.

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Laurel

STREET ADDRESS (If rural give location) 41 B Street

3. NAME OF DECEASED (Type or Print) (First) Reva (Middle) (Last) Travers

4. DATE OF DEATH (Month) 2 (Day) 13 (Year) 19 56

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	9/8/92	63 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	own home	West Virginia	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John William Bender	Emma Eugenia Lamar

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
no	[redacted]	Statistic Card

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Congestive heart failure

ANTECEDENT CAUSE(S) DUE TO (B) Hypertension

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Chronic Myocarditis

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/19, 1955, to 2/13, 1956, that I last saw the deceased alive on 2/13, 1956, and that death occurred at 8:20 A.M. from the causes and on the date stated above.

SIGNATURE M.D. ADDRESS (Street, city, town, state) DATE SIGNED

K K Jones — 402 Main St - Laurel Maryland — 2/13/56

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2/15/56	Ivy Hill Cemetery	Laurel, Maryland

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
2/16/56	Elizabeth [illegible]	De Witt Donaldson	Laurel, Md

2126

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02117 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 242

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

3456

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bradbury Heights
LENGTH OF STAY (In this place) 19 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5101 Byers Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Bradbury Heights
STREET ADDRESS (If rural, give location) 5101 Byers Street

3. NAME OF DECEASED: (Type or Print) (First) Robert (Middle) Edward (Last) Walker Jr

4. DATE OF DEATH (Month) Feb (Day) 23 (Year) 1956

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: July 1, 1936

9. AGE Last birthday: 19 yrs. If UNDER 1 YEAR: Months Days; If UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington D.C.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Robert Edward Walker Sr

14. MOTHER'S MAIDEN NAME: Fonnie McMakin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mrs. Fonnie Walker, same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Hemorrhage and shock DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Hemophilia DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☑ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, street, office bldg., etc., OF INJURY

21c. (City or town, (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☑, Inquiry ☑, and find that death resulted from: Natural causes ☑ Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE James F. Boyd M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 2-24-56

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 2-28-56

NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery

LOCATION (City, town, or county) (State) Suitland Md. Prince Geo. Co. Md.

DATE REC'D BY LOCAL REG. 2/24/56

REGISTRAR'S SIGNATURE Carrie Campbell

24. FUNERAL DIRECTOR ADDRESS S. P. Sims Co. Washington, D.C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Item 9, Filed 193 2-2 2-10 et

2090

CERTIFICATE OF DEATH

Reg. Dist. No. 02118

1. PLACE OF DEATH:
COUNTY Prince George's MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place) 54 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George's General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY P. George's
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Upper Marlboro
STREET ADDRESS (If rural give location) Box 223 - Route 2

3. NAME OF DECEASED: (Type or Print) (First) Blanche (Middle) (Last) Washington

4. DATE OF DEATH: (Month) 2 (Day) 6 (Year) 1956

5. SEX Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 3-7-81

9. AGE last birthday 74 yrs. 11 mos.

IF UNDER 1 YEAR: Months / Days

IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ?

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Statistic Card

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4 IMMEDIATE CAUSE (A) Massive Pulmonary Embolism — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSE (S) DUE TO (B) Phlebothrombosis, left femoral vein — ?

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Carcinoma of breast with metastases — 6 months

19A. DATE OF OPERATION: ?

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/11, 1955 to 2/5, 1956, that I last saw the deceased alive on 2/6, 1956, and that death occurred at 10:20 A.M., from the causes and on the date stated above.

SIGNATURE Steve D. Claymaz M.D. ADDRESS Riverdale, Md DATE SIGNED 2/6/56

23. BURIAL, CREMATION, REMOVAL (SPECIFY) 2-10-56

DATE THEREOF 2/10/56

NAME OF CEMETERY OR CREMATORY Lincoln Memorial Suitland

LOCATION (City, town, or county) (State) Md.

DATE REC'D BY LOCAL REGISTRAR 2/8/56

REGISTRAR'S SIGNATURE Alexander L. [illegible]

24. FUNERAL DIRECTOR Hoffman Funeral Home ADDRESS 611-K St. N.E.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2091

CERTIFICATE OF DEATH

Reg. Dist. No. 02119

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly Md.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale, Md.
STREET ADDRESS (If rural give location) 5508 Edmonston Rd.

3. NAME OF DECEASED: (Type or Print) (First) Nellie (Middle) Will (Last) Lott

4. DATE OF DEATH: (Month) Feb. (Day) 10, (Year) 1956

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 7/2/61

9. AGE last birthday: 94 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Illinois

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Andrew J. Snow

14. MOTHER'S MAIDEN NAME. Esther F. Huntley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Hazel Wilbert, Riverdale, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Myocardial Insufficiency

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B) Generalized Arteriosclerosis

DUE TO (C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-4, 1934 to 2-10, 1956 that I last saw the deceased alive on 2-10, 1956, and that death occurred at 4:57 P.M, from the causes and on the date stated above.

SIGNATURE A. Dart M.D ADDRESS Hyattsville Md DATE SIGNED 2-10-56

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 2/13/56

NAME OF CEMETERY OR CREMATORY Fort Lincoln

LOCATION (City, town, or county) (State) Colmar Manor Md.

DATE REC'D BY LOCAL REGISTRAR 2/13/56

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS F. Gasch & Sons Hyattsville Md

VS. A15 — 10 - 58

2092

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02120 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (In this place) D.O.A
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md — COUNTY Howard
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Highland P.O.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Franklin (Last) Wilson

4. DATE OF DEATH (Month) 2 (Day) 25 (Year) 1956

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 4-26-32

9. AGE last birthday: 23 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Walter Franklin Wilson

14. MOTHER'S MAIDEN NAME: Agnes Evelyn [illegible] Rogers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes — (If Yes, give war or dates of service) 12-1-52 to 11-4-54

16. SOCIAL SECURITY NO.: 213-32-7450

17. INFORMANT & ADDRESS: Mother - Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) DUE TO: Hemorrhage & shock

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO: Stab wound of right auricle

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Tavern

21c. (City or town) Laurel (County) Pr. Geo (State) Md

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 2 - 25-56 M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Stabbed by another person during a fight

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☒, Undetermined cause ☐.

SIGNATURE John D. Maloney (Hyattsville, Md) M. D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒

DATE SIGNED 2-26-56

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 2/29/56 — NAME OF CEMETERY OR CREMATORY Hopkins Chapel — LOCATION (City, town, or county) (State) Hyattsville Md

DATE REC'D BY LOCAL REG. [illegible] — REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR F. C. Hyattstown — ADDRESS Everett Adv

2127

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 02121

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 342

1. PLACE OF DEATH:
COUNTY Pr. Geo. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Naylor
LENGTH OF STAY (in this place) 15 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Gibbons Farm

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George's
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Naylor
STREET ADDRESS (If rural, give location) Gibbons Farm

3. NAME OF DECEASED: (Type or Print) (First) Sadie (Middle) Elizabeth (Last) Windsor

4. DATE OF DEATH (Month) Feb (Day) 5, (Year) 1956.

5. SEX: female

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 1 May 1914

9. AGE last birthday: 41 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Maryland.

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Clarence Windsor

14. MOTHER'S MAIDEN NAME: Ida Harper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Richard Windsor Same as No 2 (Brother(

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) DUE TO: Shock

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO: Burned third degree from Z body

(c) and charring

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY Home

21c. (City or town) Naylor (County) P.G. (State) Md.

21d. TIME OF INJURY (Month) 2 (Day) 5 (Year) 56 (Hour) 9:30 P.M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☑

21f. HOW DID INJURY OCCUR? In house that burned down

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☑, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE James T. Gant M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☑
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 2-6-56

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE, THEREOF 2/7/56

NAME OF CEMETERY OR CREMATORY Mt. Lebanon

LOCATION (City, town, or county) Md. (State)

DATE REC'D BY LOCAL REG. 2/7/56

REGISTRAR'S SIGNATURE Carrie Campbell

24. FUNERAL DIRECTOR Bacon Funeral Home

ADDRESS Wash, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15A - 5 - 53

2128

02122
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colmar Manor
LENGTH OF STAY (in this place) 4/2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS End of 4300 Block Mount St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Prince Geo.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Colmar Manor
STREET ADDRESS (If rural, give location) 3411-43rd Ave

3. NAME OF DECEASED: (Type or Print) (First) Thomas (Middle) Clifton (Last) Windsor
4. DATE OF DEATH (Month) 2 (Day) 22 (Year) 1956

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED OR DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Single	Jan 5, 1949	7 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): School
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): District of Columbia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Richard E. Windsor, Jr
14. MOTHER'S MAIDEN NAME: Jacqueline Mae Mundy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Father - Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Asphyxia	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Drowning	
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY
21c. (City or town) (County) P.G. (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒ Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John D. Maloney (Hyattsville Md) M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 2-22-56

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF Feb 25, 1956
NAME OF CEMETERY OR CREMATORY Fort Lincoln
LOCATION (City, town, or county) (State) Colmar Manor, Md

DATE REC'D BY LOCAL REG. 2/24/56
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR F. Gaeske Sons Hyattsville Md
ADDRESS

VS. A15A-5-53

2129

02123

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No.

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairmont Heights
LENGTH OF STAY (in this place) 2 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6111 - K. Street.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairmont Heights
STREET ADDRESS (If rural, give location) 6111 - K. Street

3. NAME OF DECEASED: (Type or Print) (First) Louise (Middle) (Last) Winters

4. DATE OF DEATH (Month) 2 (Day) 4 (Year) 1956

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	Colored	Married	6-15-25	30 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Domestic		Maryland	U.S.

13. FATHER'S NAME: Charles Allen

14. MOTHER'S MAIDEN NAME: Agnes Cook.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
		Agnes Allen - 911-62nd Pl. Cedar Hts.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) DUE TO Hemorrhage & shock.	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Shotgun wound of chest	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY Home	21c. (City or town) (County) (State) Fairmont Hts. Pr. Geo., Md.
21d. TIME OF INJURY (Month) 2 (Day) 4 (Year) 56 (Hour) 9:00 P.M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR? Shotgun wound of chest.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☒, Undetermined cause ☐.

SIGNATURE John J. Maloney (Hyattsville, Md) M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 2-5-56

BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	2-5-56	Thomas E. Jenkins Funeral Home	1702-12th St. N.W. D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/5/56	Carrie Campbell	E. Hutchison	Hyattsville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

5426

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03221

2093

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place) 3 Hrs. 10 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY P. George
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Clinton
STREET ADDRESS (If rural give location) 7200 Temple Hills Rd.

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Boy (Last) Wright

4. DATE OF DEATH: (Month) 2 (Day) 13 (Year) 1956

5. SEX: M

6. COLOR OR RACE: Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 2-13-56

9. AGE last birthday yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours 15 Min. 10

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Edward Wright

14. MOTHER'S MAIDEN NAME: Catherine Young

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: mother (asabove)

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

773.5

IMMEDIATE CAUSE (A) Hyaline membrane pulmonary

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Prematurity DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/13 19 56, to 2/13 19 56, that I last saw the deceased alive on 2/13 19 56, and that death occurred at 5:20 a. M, from the causes and on the date stated above.

SIGNATURE Thomas A. Chamberlain M. D. ADDRESS College Park DATE SIGNED 2/13/56

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation DATE THEREOF Month 1954 NAME OF CEMETERY OR CREMATORY Prince Georges Hospital LOCATION (City, town, or county) (State) Cheverly Md.

DATE REC'D BY LOCAL REGISTRAR 2/20/56 REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR Henry W. Pierce Jr. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

2/7724 3301